

IMPROVING THE HEALTH OF NEW JERSEY'S COMMUNITIES

A Summary of the 2006-2008 County/City Community Health Improvement Plans

FINAL REPORT

December 2010



Public Health
Prevent Promote Protect



Chris Christie, Governor
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Executive Summary

The New Jersey Department of Health and Senior Services (DHSS) has released a comprehensive report on how local health agencies will address six high priority public health issues in their communities.

The report describes high priority health issues that were identified by twenty-two public health partnerships through outreach to their public health care partners. With this information, each county - and the cities of Newark and Paterson - developed a **Community Health Improvement Plan (CHIP)** that identifies methods to address the individual health issues.

The report -- “**Improving the Health of New Jersey’s Communities**” -- cited substance abuse – including alcohol, tobacco, and other drug use – along with mental health as the two most frequently mentioned public health priorities. The report is on the Department’s website (www.nj.gov/health/lh/chip.shtml.)

These public health issues were determined through a series of interviews, surveys and discussion that involved more than 1200 community partners. Representatives from hospitals, community services organizations, government, educational institutions, faith-based organizations, medical, social services and non-profit groups, participated in the project.

The results of the report are being used by local health agencies statewide to develop specific plans to address the high-priority public health issues.

The other public health issues identified in the project were, in order of overall priority, are:

- Obesity, Nutrition and Physical Fitness
- Access to Care
- Cancer; and
- Cardiovascular Disease

Community action teams have formed and have begun to develop goals, objectives, and activities targeting improvements for the identified priority public health issues. The NJDHSS and other State agencies have noted the CHIP findings and the community organizing around these priorities, and are looking for opportunities to create closer alignment of their program activities with and to provide support for CHIP implementation.

I. Background

This report is an overview and summary of the efforts of New Jersey's local public health leaders, who have led a process to develop **community health improvement plans (CHIP)** for twenty¹ counties and two cities (Newark and Paterson²) in New Jersey. As part of this process, community-based health improvement partnerships have been organized to coordinate resources in meaningful ways and to address local health improvement issues and priorities.

In February 2003, new performance standards for public health were adopted as **Public Health Practice Standards of Performance for Local Boards of Health in New Jersey** (NJAC 8:52). The **Practice Standards** built on existing minimum standards for local public health and added new standards of public health performance that are aligned with the nationally recognized Ten Essential Public Health Services³ established by the Core Public Health Functions Steering Committee in 1994. This prestigious steering committee included representatives from US Public Health Service agencies and other nationally recognized public health organizations. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These services include: monitoring community health status; mobilizing community partnerships to identify and solve health problems; developing policies and plans that support individual and community health efforts; assuring a competent public health workforce; research, evaluation and enforcement; emergency preparedness and response. The New Jersey MAPP/CHIP process has been and will continue to be a major milestone in the movement toward an integrated systems approach for local public health.

Since the adoption of the **Practice Standards**, New Jersey's local health departments have come together, either in county-based forums called Governmental Public Health Partnerships (GPHP), made up of local and county health officers in counties where there are multiple health departments (see Appendix A), and/or county-based community public health partnerships (CPHP), comprised of local and county health officers together with other public health stakeholders (see Appendix B). A number of counties (e.g., Atlantic, Bergen,

¹ While there are twenty-one counties in NJ at the time of the study, the counties of Cumberland and Salem were united under a single health department and produced a single CHIP.

² The cities of Newark and Paterson, are two of New Jersey's largest cities with pressing public health concerns, and each completed a CHIP based on their special needs.

³ www.health.gov/phfunctions/public.htm

Burlington, Camden, Hunterdon, and Ocean) were able to build on existing community health partnerships and reinvigorate their sense of purpose and focus. Others are in the process of further developing their community partnerships.

This outreach engaged over 1200 community partners, including: hospitals, community service organizations, educational institutions, faith based organizations, medical and social services, multicultural organizations, disease-specific advocacy groups, government entities on all levels, community organizations, offices of emergency management, non-profit, volunteer and other private sector entities.

The CHIPs and the public health partnerships were developed using a nationally recognized process called “Mobilizing for Action through Planning and Partnerships” (MAPP) (see Appendix C). Facilitated by local public health leadership, this process helps communities prioritize public health issues and identify the resources needed to address them.⁴ The MAPP process is comprised of six phases that build commitment and engage participants as active partners. The first two phases establish the need and the support for the process, referred to as ***organizing and visioning***. The third phase is a comprehensive *assessment* of the health of the community, as well as the capacity of the existing system to meet challenges, now and into the future. This includes four detailed assessments, all of which are predicated on the broad participation of government partners, community health provider partners and consumers/residents. The fourth phase is devoted to the process of ***prioritizing the strategic issues*** that have been identified during the assessment phase. In the last two phases of MAPP, ***strategies*** are developed to address these priority issues and an ***implementation plan*** for those strategies is developed. The latter serves as the guidepost for measuring progress and change over the next few years.

⁴The National Association of County and City Officials, http://mapp.naccho.org/mapp_introduction.asp

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The NJ Department of Health and Senior Services (NJDHSS) Office of Local Public Health provided resources to facilitate the development of the CHIPs and community partnerships, including:

- Public Health Practice Standards Partnership Coordinators – who acted as facilitators for CHIP and partnership development;
- data from various State sources, including the NJ Center for Health Statistics, and the Office of Cancer Control & Prevention;
- technical and consultative support through regional NJDHSS liaisons;
- regular meetings with the Partnership Coordinators to connect them with various State and Federal resources; and
- funding through mini-grants and NJ Public Health Priority Funding.

Together with support from the NJDHSS, important assistance came from sources outside of the NJDHSS (see Appendix D).

Today, the CHIPs have given rise to community action teams that have formed around a number of the priority issues and have begun to develop goals, objectives, and activities targeting improvements for the identified priority health issues. The NJDHSS and other State agencies have noted the CHIP findings and the community organizing around these priorities, and are looking for opportunities to create closer alignment of their program activities with and to provide support for CHIP implementation. Connecting the priorities of the CHIPs together with initiatives at the NJDHSS, other State Departments as well as many existing private and public endeavors will be an important next step in aligning these activities to ultimately improve the health of the public.

II. Public Health Priority Issues Identified in the Community Health Improvement Plans

The following sections examine the top five public health priorities *most frequently cited* in the CHIPs. While the range of issues described in the CHIPs was quite broad, there were a number of issues that consistently surfaced as high priority issues. These high priority issues were:

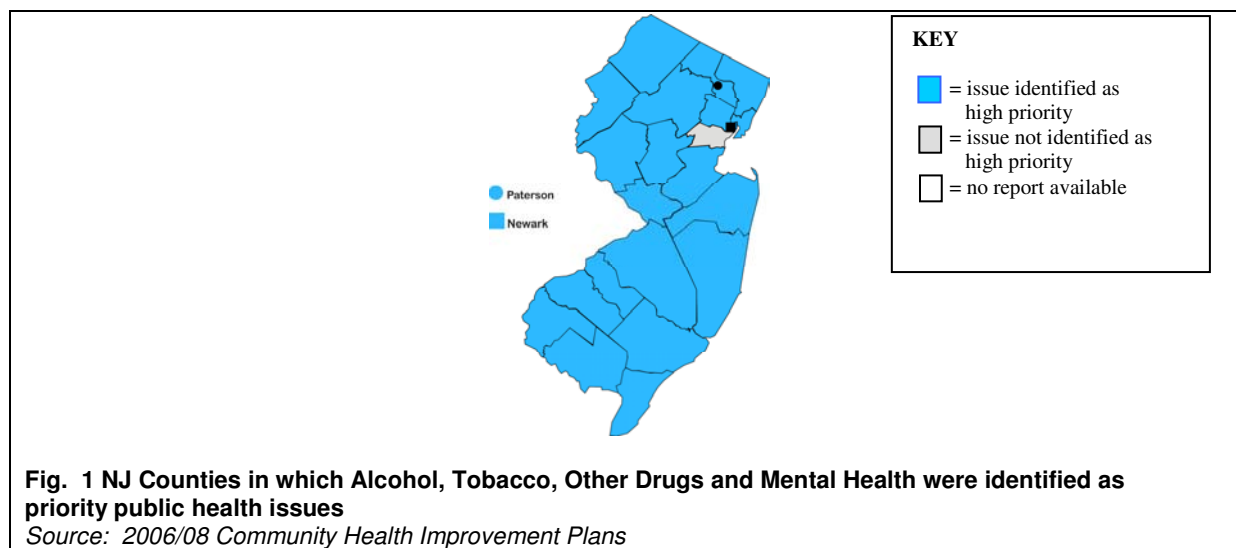
- **Alcohol, Tobacco, Other Drugs, and Mental Health**
- **Obesity, Nutrition and Physical Fitness**
- **Access to Care**
- **Cancer**
- **Cardiovascular Disease**

These priority issues also cut across other issues, thus creating a complex, interrelated network of concerns.

A. Alcohol, Tobacco, Other Drugs, and Mental Health

Alcohol, tobacco, and other drug use/abuse and its complex interrelationship with mental health were the most frequently cited priority issue (Fig. 1). Contained within this category are those CHIPs that identified smoking cessation as a high priority.

Within this related cluster of issues emerged several themes: teen alcohol abuse and depression, as well as senior prescription drug abuse/misuse and the negative effects of mixing prescription drugs with alcohol. In Newark, drug use was also discussed in the context of controlling the spread of HIV/AIDS.

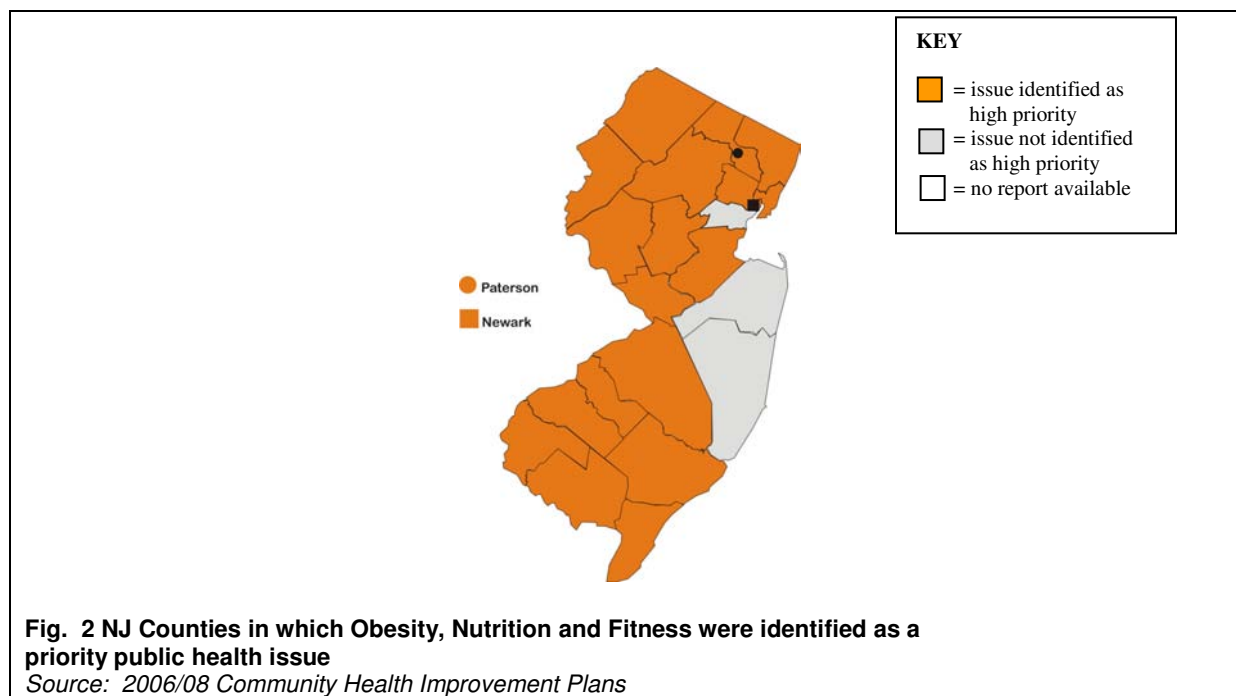


B. Obesity, Nutrition and Fitness

Obesity was the second most frequently cited concern, together with the related issues of better nutrition and improved physical activity (Fig. 2). Obesity was identified as a risk factor for a number of chronic diseases including heart disease, cancer, and diabetes.

Calls for ‘healthy living campaigns’ were frequently mentioned in the reports identifying obesity as a concern, with a broader, more holistic approach being advocated to address the issue.

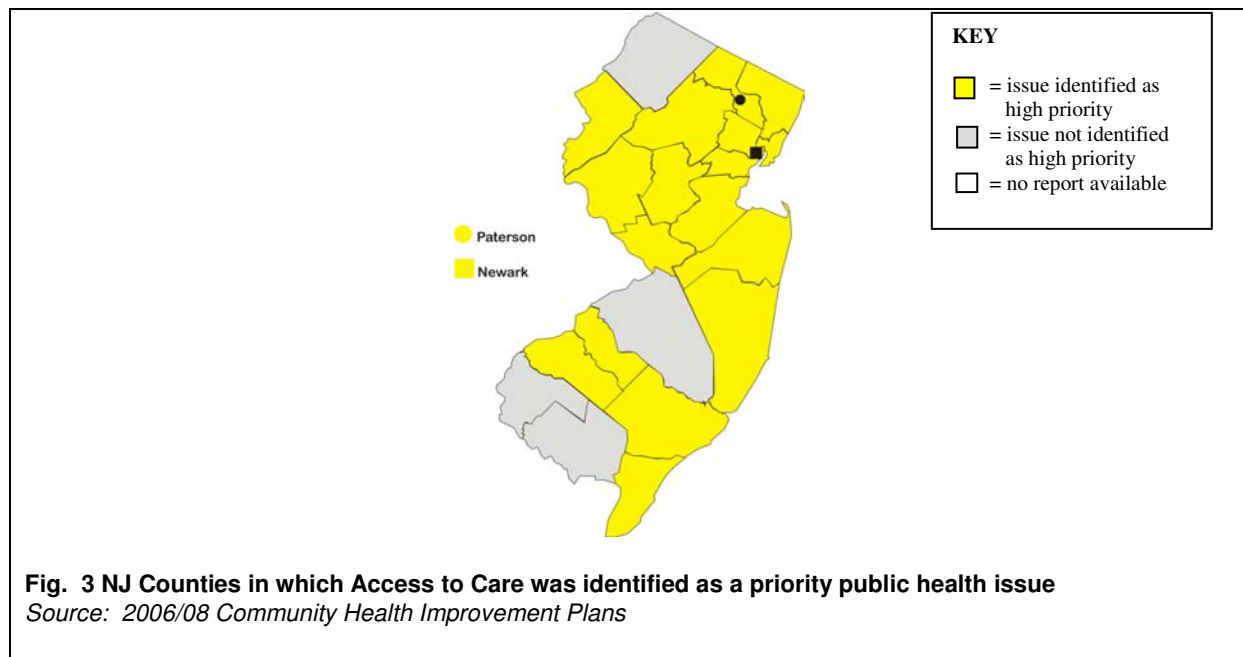
While not all the reports identified obesity as a primary issue of concern, it was frequently cited in the context of other priority issues. For example, reduction of obesity was identified as a critical factor in the struggle to reduce cardiovascular disease or as a central component of a “healthy lifestyles” campaign, aimed at reducing blood pressure, and risk of other chronic diseases.



C. Access to Care

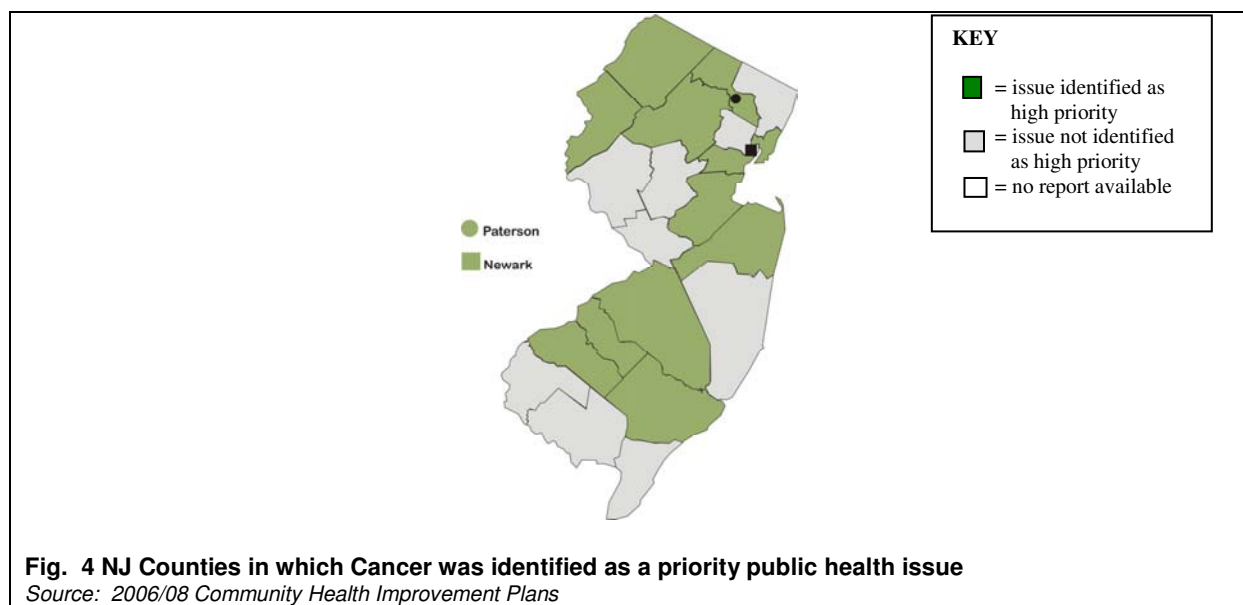
Access to care was cited as frequently as obesity, nutrition and fitness as a high priority issue and a major area of concern (Fig. 3). Issues included under the rubric of “access to care” included: transportation barriers, under and uninsured populations, awareness of resources (in the general public as well as among professionals), cost of services, the need to increase collaboration and reduce duplication of services, existing cultural/ethnic/language barriers, and literacy.

Access to care was also discussed in the context of increased preventive screenings, increased access to mental health and dental care, and the impact of better access in the reduction of emergency room use for ambulatory care sensitive (ACS) conditions.



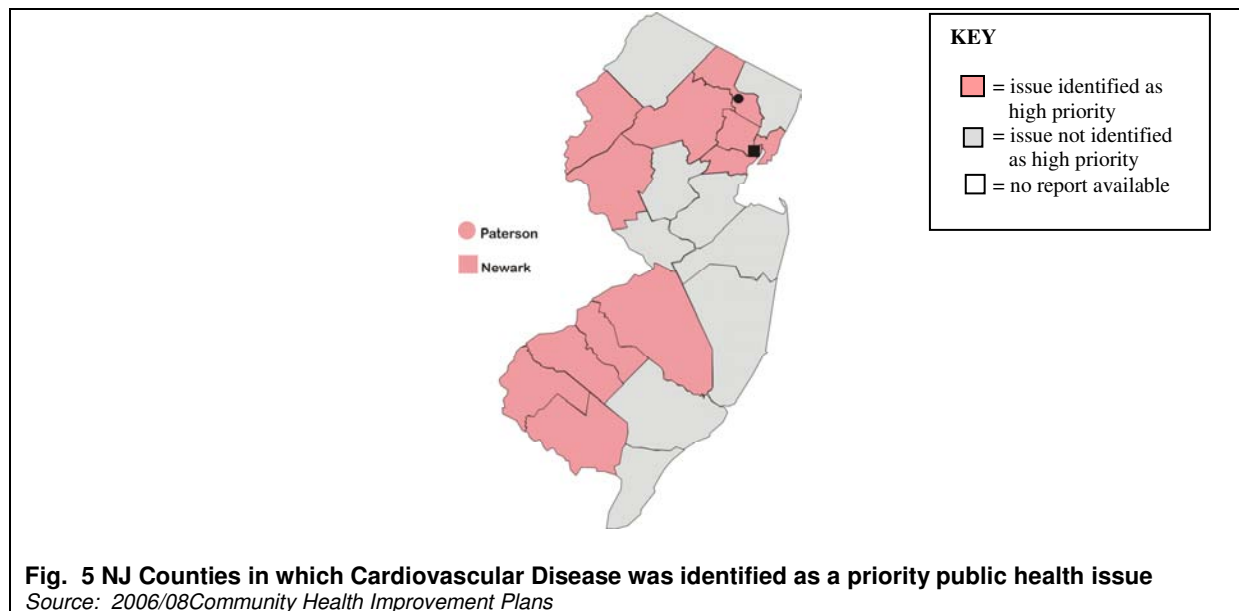
D. Cancer

Cancer was the fourth most frequently cited public health priority, with a need for increased cancer screenings identified most often as an important part of addressing the cancer challenge in NJ (Fig. 4). Where it was not identified as a priority *per se*, cancer was frequently mentioned in the context of environmental concerns, increased preventive screenings, health education, regular checkups, and in smoking cessation efforts. Access to cancer care, transportation, and participation in clinical trials were also identified as existing issues.



E. Cardiovascular Disease

Cardiovascular disease, including hypertension and stroke, was the fifth most frequently cited public health concern (Fig. 5). A number of the CHIPs discuss cardiovascular disease as part of an overall “Healthy Lifestyles” campaign. Others that did not specifically single out cardiovascular disease as a priority issue, discussed it as related to obesity, smoking, high blood pressure and the lack of preventive screenings.



F. Other issues identified in the CHIPs

Other issues identified in the CHIPs included:

- Environmental health, together with childhood lead poisoning and asthma;
- Dental health;
- The need for regular preventive screenings for all conditions;
- Infectious disease prevention and treatment;
- Teen violence, gangs, bullying, domestic violence;
- Concerns around a rapidly growing older adult population;
- Teenage pregnancy; and,
- Pre-Natal Care.

III. Relationship of CHIP Priorities to State of New Jersey Initiatives

There is a high degree of correlation between programs initiated by the State over the past three to five years and the public health priorities identified through the CHIPs. This parallel provides a unique opportunity for the communities that have been mobilized in each county to take advantage of resources that have been put in place, as well as for the State to work more closely with the growing community public health partnerships to further strengthen state-wide initiatives.

IV. Conclusion and Next Steps

New Jersey's local public health have taken the lead in strategic, county-wide public health planning, engaging hundreds of public and private partners. These county-based community partnerships produced county-wide Community Health Improvement Plans (CHIP), that are based on a review of numerous sources of existing data, and the results of broad community health assessments and consultations.

The public health partnerships have begun to implement the recommendations for addressing the priorities identified in their respective reports through the creation of workgroups, or by leveraging and building on existing initiatives. Financial support from the State for the implementation phase of MAPP was made available through NJ SHARE (Sharing Available Resources Efficiently) Program. SHARE Feasibility Study Grants provided up to \$20,000 in assistance, while Implementation Assistance Grants offered up to \$200,000⁵.

The Office of Local Public Health staff continues to liaison with the directors and staff of the many divisions and offices of the NJDHSS and the Department of Human Services in order to improve communication and to partner in an attempt to expedite community health improvement activities across State government, as well as identify resources to support CHIP implementation activities.

The following chapter contains a one page summary for each of the twenty-two County or City CHIPs. The Profiles are a snapshot of the priority issues identified in each plan, the partners who participated, details around the MAPP process, and some key facts about the

⁵ New Jersey Department of Community Affairs; <http://www.state.nj.us/dca/lgs/share/index.shtml>

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county or city. There is a webpage link, located in the last box of the profile categories, that will connect to the County or City Community Health Improvement Plans. A second linkage is through the Department of Health and Senior Services website,

<http://nj.gov/health/lh/chip.shtml>.

Below is a delineated summary of the profile categories:

Profile Category 1. High priority issues identified in the CHIP;

Profile Category 2. Community Partnership participants;

Profile Category 3. Implementation/ Next Steps;

Profile Category 4. MAPP Assessments:

- ◆ Community Health Status,
- ◆ Community Themes and Strengths,
- ◆ Forces of Change,
- ◆ Local Public Health System;

Profile Category 5. Key facts

Profile Category 6. Webpage link for the CHIP

V. NEW JERSEY COMMUNITY HEALTH IMPROVEMENT PLANS: PROFILES

ATLANTIC COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Affordable healthcare access 2. Identify resources for treating health conditions identified through screenings 3. Increase collaborations 4. Promote healthy lifestyle choices 5. Address the needs of the growing older adult population 6. Increase understanding of mental health/mental illness 7. Increase awareness of cultural/ethnic differences, create services that reflect these differences
COMMUNITY PARTNERSHIP (Who Participated?)	Atlantic County Division of Public Health; Atlantic City Health Department; Atlantic County Intergenerational Services; Atlantic Cape Community College; AtlantiCare; Atlantic Health Initiatives (FQHC); Bacharach Institute for Rehabilitation; William B. Kessler Memorial Hospital; NJ Department of Health & Senior Services; Shore Memorial Hospital; Southern Jersey Family Medical Centers (FQHC); Richard Stockton College of New Jersey; United Way of Atlantic County.
NEXT STEPS	Action Committees involving community members and partner organizations are forming to address the priority issues identified through the MAPP process.
MAPP ASSESSMENTS	
Community Health Status	A survey conducted by the Partnership For A Healthy Community, with 984 residents responding to telephone/written surveys (+/-3.1% at 95% confidence level). Identified as a priority goal: "To reduce heart disease among all groups, especially among minority populations."
Community Themes and Strengths	<p>Based on a survey sent to over 4000 residents, with 722 surveys returned (+/-3.6% at 95% confidence level. Survey results identified top three risky behaviors in Atlantic County as:</p> <ul style="list-style-type: none"> ▪ Drug Abuse; alcohol abuse; unsecured firearms <p>Survey results identified top three factors for a healthy community as:</p> <ul style="list-style-type: none"> ▪ Low crime/safe neighborhoods; good schools; good place to raise children. <p>Survey identified most important health problems in Atlantic County as:</p> <ul style="list-style-type: none"> ▪ Cancers; aging problems; heart disease & stroke; teenage pregnancy
Forces of Change	Growth in population, health disparities, poverty, increase in partnerships and collaborations, lack of healthcare coverage or poor healthcare coverage, lack of public transportation, good quality of life, the lack of affordable housing, increase in low-paying jobs with few or no benefits, the need to prepare for emergencies, and lack of affordable housing.
Local Public Health System	This exercise included representatives of the entire public health system, including county and local health departments, hospitals and Federally Qualified Health Centers meeting weekly over a two month period to complete the Local Public Health System Assessment. Several areas were identified for improvement.
KEY FACTS	<p>County Size: 561 sq. miles</p> <p>Population Density: 450.1/sq. mile</p> <p>Uninsured Population: 13.7%</p> <p>Persons below poverty, 2004: 10.0%</p> <p>Population growth, percent change, 2000 – 2005: 1.4%</p> <p>Other: Fifth-fastest growing county in New Jersey; since 1990, population has grown by 20.8%. Fastest growing county in southern New Jersey. Atlantic City is the second-largest gaming market in the US, averaging 100,000 visitors and 50,000 casino workers daily.</p> <p>Language other than English spoken at home (ages 5 and older): 20.3% (NJ: 25.5%)</p>
WEBSITE	http://www.aclink.org/PublicHealth/newspdfs/CHIP.pdf

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BERGEN COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Health Care 2. Mental Health 3. Obesity – Nutrition and Physical Activity 4. Alcohol, Tobacco and Other Drugs 5. Communication of Health Issues
COMMUNITY PARTNERSHIP	<p>The three co-sponsors are the Public Health Partnership, Community Health Partnership, and Bergen County Health Department of Health Services. They drew approximately 50 participants from all sectors of the community including public health (local health departments), health care (five hospitals, long-term care and mental health agencies), third-party payers (insurance carriers and managed care), professional associations (medical society, municipal nurses, and local boards of health) education (three universities, one college, one community college, county superintendent of schools and local schools), businesses (banking industry), faith groups (two), law enforcement (county police, youth services commission), social service agencies (Department of Human Services, Bergen Family Center) philanthropic (United Way), health-related nonprofits (American Cancer Society, BVMJ, Buddies of NJ, American Red Cross, YMCA, Council on Alcohol & Drug Resources), community organizations (Girl Scout Council, PTA, County Library System), organizations and consortia representing racial, cultural and other population groups (Nat'l Coalition of 100 Black Women, Korean-Am. Assoc., Multi-cultural Community Affairs, Senior Citizens and Maternal-Child) and citizens-at-large. The CHIP Committee met over a 2-year period.</p>
NEXT STEPS	<p>After publication of the CHIP in September 2006, five task forces, one for each of the five priority health issues, began meeting regularly. Each group has 12-26 members and identified leaders. Each has drafted a plan of work and begun action steps, which will be implemented over a three-year Action Cycle. The CHIP Committee of Bergen County will hold its first Annual Meeting in October 2007 to report the progress to date of each task force.</p>
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> • 11.3% of adults lack health coverage • 68% of adults below 200% of the poverty level perceive that mental health services need to be improved in the community • 54.8% of adults are overweight or obese • 13% of adults report binge drinking in the past 30 days; 16.2% are current smokers • 72.3% of adults are unaware of community emergency plans in the event of a public health emergency; nearly one in three does not know or does not believe there is an authorized location for the disposal of household hazardous or toxic waste in the County
Community Themes and Strengths	<p>Three methodologies were used to gather information from the community: community forums (4), focus groups (5), and a 1,000 respondent telephone survey. The forums allowed community members to raise any health issues they considered important. The telephone survey was designed to solicit perspectives on factors that contribute to the health of the community as well as information concerning personal health needs. The five focus groups were targeted to young people, senior adults, men, women, and recent immigrants with the purpose of discussing in greater depth several health issues that had arisen in the forums.</p>
Forces of Change	<p>This assessment utilized the expertise of CHIP Committee members to identify forces, events and trends that presently affect or will affect the community. Categories were devised to capture forces relating to the following types of issues: Scientific/Technology, Ethical/Legal, Environmental, Social, Political and Economic.</p>
Local Public Health System	<p>The Public Health Partnership (PHP), a volunteer coalition of Bergen's 15 health officers, charged a subcommittee with drafting this assessment. The draft was then brought before the entire PHP for review and consensus. A preliminary step that facilitated agreement among the parties was the establishment of ground rules to help ensure consistency of the responses.</p>
KEY FACTS	<p>County size : 246.8 sq. miles Population Density : 3,882/sq. mile Uninsured Population: 9.7% Persons below poverty, 2004: 5.7% Population growth, percent change, 2000 – 2005: 0.4%</p>
WEBSITE	<p>http://www.bergenhealth.org/dept/CHIP.html</p>

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BURLINGTON COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Promotion of Nutrition and Physical Activity 2. Promotion of Preventative Healthcare Practices 3. Promotion of Infectious Disease Prevention and Treatment 4. Promotion of Environmental Health 5. Promotion of Peace and Well Being
COMMUNITY PARTNERSHIP	Over 100 Public Health Partners were involved in the process. They included hospitals, county government agencies, municipalities, faith based organizations, human service organizations, schools, law enforcement, courts, and other community organizations.
NEXT STEPS	The CHIP will be presented to the Board of Chosen Freeholders. It will then be presented to the Burlington County Community Health Assessment Advisory Group. This group will then start to develop specific action items to address the public health priority issues.
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> • Body Mass Index: Burlington County residents are more likely than residents throughout New Jersey and the rest of the nation to be obese. • High Blood Pressure: Burlington County residents are more likely to have high blood pressure compared to the rest of New Jersey and the nation as a whole. • Diabetes: The Burlington County rates for diabetes are above the state and national figures. • Digital rectal exams: Males 40 and over (especially African Americans) are less likely in Burlington County to have had this exam compared to men throughout the country. • Prostate cancer: Males 40 and over throughout the County are more likely to have been diagnosed with prostate cancer in comparison with national figures.
Community Themes and Strengths	Affordable health insurance, access to healthcare and affordable housing were identified as the things that would most improve the quality of life in the community. Major health problems that are considered to have the greatest impact on overall health were cancers, aging problems and heart disease/stroke. Alcohol, drug abuse and being overweight were cited as having the greatest impact on overall health.
Forces of Change	<ul style="list-style-type: none"> • Government bureaucracy, politics, resistance to change • The global effects of oil and gas, and environment/global warming • Financial issues facing New Jersey and Burlington County – budget, taxes, cost impact of housing • Health care costs and access, hospital closings, mental health • Demographic shifts, population increases, aging baby boomers, immigration • Income shortages and the ability to maintain living standards • Emergency response capability/preparedness, terrorism
Local Public Health System	<p>Areas that will require further investigation include:</p> <ul style="list-style-type: none"> • Evaluate effectiveness, accessibility and quality of personnel and population-based health services • Assure a competent public health and personal health care workforce • Mobilize community partnerships to identify and solve health problems
KEY FACTS	<p>County size : 819 sq. miles Population Density: 526/sq mi. Uninsured Population: 8.7% Persons below poverty, percent, 2004: 5.5 % Population growth, percent change, 2000 – 2005: 1.2%</p>
WEBSITE	http://co.burlington.nj.us/upload/Health/Images/The_Burlington_County_Community_Health_Improvement_Plan.pdf

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CAMDEN COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Care 2. Obesity/Overweight and Nutrition 3. Cardiovascular Health 4. Cancer 5. Environmental Health 6. Mental Health
COMMUNITY PARTNERSHIP	Active members of the Camden County MAPP Coalition include representatives from municipal, state and county government agencies, substance abuse treatment and prevention organizations, academic institutions, libraries, community nonprofits, faith-based organizations; health-related advocacy groups, hospitals, health care providers, mental health agencies, social service organizations, youth organizations and local boards of health.
NEXT STEPS	The Camden County MAPP Coalition has formed new subcommittees and is working with existing coalitions, including the Camden County Cancer Coalition, to implement strategies addressing the six priority areas above.
MAPP ASSESSMENTS	
Community Health Status	Camden County has completed two comprehensive statistical profiles regarding socioeconomic and health issues. One of these profiles contains information for the entire county, the other for Camden City. In 2005, Camden County completed the Behavioral Risk Factor Surveillance Survey (BRFSS), a survey of resident health risks and behaviors.
Community Themes and Strengths	Quality of Life aspects rated as good or excellent identified by residents in a community survey and focus groups include: parks; colleges/universities; libraries; arts/cultural activities; and medical/health services. Residents expressed concern over: affordable housing; government response to community concerns; air quality, water quality and traffic/transportation issues.
Forces of Change	Factors, events and trends that the Camden County MAPP Coalition identified include a growing disparity between 'haves' and 'have nots', redevelopment in Camden City, the implementation of Medicare Part D, an increasing need for after school programs and the impact of Hurricane Katrina.
Local Public Health System	Strengths identified through this assessment include diagnosis and investigation of health problems, strong participation by local academic institutions in public health activities and good enforcement of public health laws and regulations. Areas for improvement include the need for collective and comprehensive assessment/evaluation by local public health system partners of public health activities and the need to ensure coordination in the delivery of services.
KEY FACTS	<p>County size: 228 sq. miles</p> <p>Population Density: 2,289 / sq. mile</p> <p>Uninsured Population: 13%</p> <p>Persons below poverty, 2004: 10.6%</p> <p>Population Growth, percent change, 2000-2005: 0.3%</p> <p>Other: Race/Ethnicity: 68% white; 19.6% black/African-American; 4.8% Asian; 0.4% American Indian/Alaskan Native; 8.8% some other race; 11.4% Hispanic/Latino (may be of any race)</p> <p>Languages Spoken at home: English only, 83%; Language other than English, 16%; Speak English Less than 'very well'; 7.6%; Speak Spanish at home, 9.3%</p> <p>Median household income (2005): \$53,511</p> <p>Families in county with related children under 18 with income below the poverty level during the past year: 15.9%; Camden City families with related children under 18 below the poverty level during the past year: 53%</p>
WEBSITE	http://www.camdencounty.com/health/health-human-services/health-human-services

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CAPE MAY COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Tobacco, Drugs & Alcohol 2. Needs of Older Adult Population 3. Adequacy of Housing 4. Transportation Barriers 5. Children's Health & Well-Being 6. Mental Health Issues
COMMUNITY PARTNERSHIP	Participants included state and county government, chronic disease agencies, alcohol and drug treatment and prevention organizations, associations for aging and senior citizens, managed care company, United Way and its member agencies, Cape May County newspaper, medical associations and centers, transportation, New Jersey State Police, OEM and ambulance corps, hospital, education institutions including two colleges, faith based representation, culturally diverse coalition, numerous social services agencies and Freeholder involvement.
NEXT STEPS	The Next Steps Action Cycle began on June 21, 2007. The MAPP Steering Committee met to review the CHIP and start working on the six (6) strategic issues identified in the CHIP. There were five (5) workgroups established, from the six (6) strategic issues identified in the CHIP, and the groups identified a leader/co-leader. The groups then identified issues they would like to address and assigned tasks to group's members to work on for their next meeting. The groups have begun to meet and work on focus issues for their workgroups.
MAPP ASSESSMENTS	
Community Health Status	Based on a survey sent to 7,298 county households (21% response rate at a 95% confidence level), the following health risk areas for Cape May county residents were identified: <ul style="list-style-type: none"> • Binge Drinking • Skin Cancer • Aging-related Problems • Obesity
Community Themes & Strengths	Three focus groups, one professional and two resident groups determined that affordable housing, lack of transportation and absence of treatment facilities for substance abuse were three themes for concern.
Forces of Change	Cape May county agencies and providers met in September of 2006 and identified forces significantly impacting the community, specifically: Housing , access to health/mental health & substance abuse care, Emergency preparedness/disaster awareness, public transportation
Local Public Health System	The Local Public Health System subcommittee identified Cape May County's ability to enforce public health laws and to diagnose health problems as strengths. Challenges include the ability to assure a competent workforce and the evaluation on the effectiveness of public health programs.
KEY FACTS	<p>County size: 255 sq. miles</p> <p>Population density: 399 /sq. mile</p> <p>Uninsured population: 11%</p> <p>Persons below poverty, 2004: 8.5%</p> <p>Population growth, percent changes, 2000-2005: - 0.6%</p> <p>Other: Two in 10 adults binge drink</p> <p>25% of population age 65 years or older</p> <p>Median household income \$41,591 compared to \$55,146 statewide</p> <p>4,145 residents do not have an automobile</p>
WEBSITE	http://www.capemaycountygov.net/FCpdf/CM%20Community%20Health%20Improvement%20Plan%20FINAL%20070207.pdf

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CUMBERLAND/SALEM COUNTY																				
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Tobacco, Drugs & Alcohol 2. Healthy Lifestyles and Obesity 3. Heart Disease and Stroke 4. Teen Pregnancy 																			
COMMUNITY PARTNERSHIP	Participants included state and county government, chronic disease agencies, alcohol and drug treatment and prevention organizations, mayors wellness coalition, local United Ways, Red Cross, educational institutions, hospitals, community groups, health advocacy associations, municipal recreation and parks departments, civic organizations, federally qualified health centers, faith based organizations, communication entities, local businesses, tri-county partnerships, board of social services and human services, physicians, and the prosecutor's office.																			
NEXT STEPS	Four workgroups have been created, one designated to each of the top priority issues. Each workgroup will work to meet the objectives set in the CHIP for the priority issue they will be addressing.																			
MAPP ASSESSMENTS																				
Community Health Status	With the assistance of Holleran Consulting, a community health profile was created for Cumberland and Salem counties that highlighted the following as areas of opportunities: alcohol consumption, heart disease, obesity, and teen birth rates.																			
Community Themes and Strengths	Cumberland and Salem County Departments of Health, with the assistance of Holleran Consulting, polled community respondents and determined that the most risky behaviors are alcohol and drug abuse and the most important health problems are cancer, stroke and heart disease.																			
Forces of Change	In September of 2005, the Cumberland and Salem Community Health Partnership identified poverty, drug and alcohol addictions, crime, teen pregnancies and low educational level as having the most impact on the community. Interestingly enough, the partnership did not consider the Salem Nuclear Plant as posing any perceived threat.																			
Local Public Health System	Public health partners, including health department staff, hospitals, and community agencies met over a two month period in 2006 and investigated how well the local public health system was delivering the ten essential services. High rankings were received in enforcement, education, and surveillance.																			
KEY FACTS		<table> <tr> <th></th><th><u>Cumberland County</u></th><th><u>Salem County</u></th></tr> <tr> <td>County Size:</td><td>489 sq. miles</td><td>338 sq. miles</td></tr> <tr> <td>Population Density:</td><td>299.5/sq. mile</td><td>190.3/sq. mile</td></tr> <tr> <td>Uninsured Population (adult & children):</td><td>22,848</td><td>7,266</td></tr> <tr> <td>Persons Below Poverty, 2004:</td><td>14.2%</td><td>8.4%</td></tr> <tr> <td>Population Growth, percent change, 2000-2005:</td><td>0.9%</td><td>0.6%</td></tr> </table>		<u>Cumberland County</u>	<u>Salem County</u>	County Size:	489 sq. miles	338 sq. miles	Population Density:	299.5/sq. mile	190.3/sq. mile	Uninsured Population (adult & children):	22,848	7,266	Persons Below Poverty, 2004:	14.2%	8.4%	Population Growth, percent change, 2000-2005:	0.9%	0.6%
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WEBSITE	http://cshealth.org/Salem/index.htm																			

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

ESSEX COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Cardiovascular Disease 2. Diabetes 3. Individuals in Distress (Mental Health – Substance) 4. Childhood Lead Exposure 5. Obesity 6. Senior and Aging 7. Communicable Disease (including AIDS & other Preventable Diseases) 8. Public Health Directory 9. Tuberculosis
COMMUNITY PARTNERSHIP	Participants included local health officers, state and county government, cancer organizations, mental health agencies, alcohol and drug treatment and prevention organizations, colleges and universities, community groups, ethno-racial organizations, faith based organizations, health-related advocacy groups, hospitals, insurance company, medical care providers, Red Cross, senior organizations, social service organizations, United Way, health centers and associations, youth organizations, salvation army and local boards of health.
NEXT STEPS	Additional material being added from October 2007 through 2008
MAPP ASSESSMENTS	
Community Health Status	Under development
Community Themes and Strengths	<ul style="list-style-type: none"> • Most important factors for a healthy community: • access to health care • low crime rate • safe neighborhoods • Most important health problems in the community: • obesity • cancer • hypertension
Forces of Change	Lower-income communities in Essex experiencing drought in health care services. General hospital closed due to financial insolvency. Household income differs significantly between municipalities. Rising number of uninsured residents. Lack of transportation for health appointments.
Local Public Health System	Enforcement of laws received high ranking. Monitoring health status, mobilizing Partnerships and maintaining a quality workforce requires the most improvement.
KEY FACTS	<p>County size: 129.56 sq. mi.</p> <p>Pop. Density: 6,285/sq. mi.</p> <p>Uninsured Population: 15.3%</p> <p>Persons below poverty, 2004: 13.9 %</p> <p>Population growth, percent change, 2000-2005: - 0.1%</p> <p>Other: Population 793,000 with 41.% Black</p> <p>High School Education: 75% of population over 25</p> <p>Median Household Income: \$44,944</p>
WEBSITE	http://www.essexregional.org/CHIP%20final%202.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

GLOUCESTER COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Increase Awareness of Existing Health Services and Resources 2. Encourage Regular Screenings and Checkups 3. Promote Healthy Behaviors
COMMUNITY PARTNERSHIP	Participants included local, state and county government, hospitals, non-profit agencies, faith based groups, municipal boards of health, local universities, and schools, as well as government leaders, healthcare providers and concerned citizens and activists.
NEXT STEPS	<ul style="list-style-type: none"> • Develop and continually update county Health Resource Guide. • Promote and publicize existing services that provide free or low cost screenings. • Create county-wide work group to address obesity in children and adults. • Increase education and promotion activities, particularly in the areas of diet & exercise, and smoking cessation and avoidance.
MAPP ASSESSMENTS	
Community Health Status	Gloucester County has lower rates of heart disease, STD's, teen pregnancies, influenza mortality, and HIV. Higher proportion of overweight and obese residents (64%) compared to NJ (57%), and US (60%). Greater percentage of smokers (24%) than NJ (19%), and US (22%). Cancer incidence and mortality rates above state averages.
Community Themes and Strengths	<p>2000 surveys were mailed to random households and 401 returned (20%). The survey responses revealed the following among the population surveyed:</p> <ul style="list-style-type: none"> • Major Interest: nutrition and exercise, free medical, dental prescription programs, cancer screenings • Less Interest: mental health counseling, stop-smoking programs and alcohol and drug counseling
Forces of Change	Gloucester County is a rapidly growing community with a 9% population growth between 2000 and 2005. This growth is expected to continue in the coming decades. The majority of residents are between 18-44 years of age. As this group ages, additional health and senior services will be needed.
Local Public Health System	Focus groups were held with local boards of health members. Healthy behaviors were listed as: Avoidance of alcohol, tobacco, and other drugs; medications to be taken as prescribed; engagement in safe sex practices.
KEY FACTS	<p>County size: 324.72 sq. miles</p> <p>Population density: 783.6 / sq. mile</p> <p>Uninsured population: Approximately 8%</p> <p>Persons below poverty, 2004: 6.2%</p> <p>Population growth, percent change, 2000-2005: 1.6%</p>
WEBSITE	http://www.co.gloucester.nj.us/Pdf/HthSnrSvc/chip_final_version.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

HUDSON COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Health Care 2. Substance Abuse 3. Heart Disease 4. Diabetes 5. Lead Poisoning
COMMUNITY PARTNERSHIP	Participants included city, town and Hudson County (HC) health officers, town administrator, registered environmental health specialists, community partners in prevention, HC Office on Aging, HC Cancer Coalition, federally qualified health centers: Horizon Health Center & North Hudson Community Action Corporation, HC Mental Health Administrator, American Red Cross, NJDHSS, Girl Scout Council, Visiting Homemaker Service, hospitals: Jersey City Medical Center & Christ Hospital, Hudson Perinatal Consortium, HC Family Support Organization, Hoboken Family Planning, HC Department of Family Services, Division of Youth and Family Services, HC Department of Health and Human Services, Hudson Regional Health Commission, HC's Local Information Network and Communications System (LINCS) team, and a state assemblyman.
NEXT STEPS	Initiate a three year action plan with established goals and objectives, utilizing committees for each of the five designated priority issues composed of members of the Community Public Health Partnership. These committees will engage in improving and evaluating each issue to strengthen the public health system and quality of life in HC.
MAPP ASSESSMENTS	
Community Health Status	Access to Health Care: In 2002, HC had the highest percentage of residents living under poverty level, 15.1% compared to the state rate of 8.3%. HC is also ranked second highest in the state for hospital admission rate for Ambulatory Care Sensitive diagnoses, 22 per 1,000 population. Substance abuse: In 2004, 11.2% of women reported drinking during pregnancy, almost two times the state percentage of 5.8%. HC had a 20.7% higher rate than the state in females that utilized tobacco products during pregnancy. Heart disease: from 1999-2003, HC's age-adjusted mortality rates from coronary heart disease exceeded the state's rates. Diabetes: 2003 age-adjusted mortality rates for HC residents were higher for all ethnicities compared to the state and have been higher from 1999-2003. Blacks in HC are dying at almost twice the state's rate from diabetes and three times the rate of all races combined in HC. Lead poisoning: In 2003, only 33.4% of HC children 2 years old or younger were screened for lead poisoning, which is 67% less than what the law mandates.
Community Themes and Strengths	During 2005-2006, residents in twelve municipalities were surveyed utilizing a four-page document with 34 quality of life and health-related questions. When questioned on three most serious safety problems in the community, the most frequent responses were alcohol and drug abuse, gang-related violence and school violence. Problems having the greatest impact on overall community health: substance abuse was of greatest concern in Hudson County, followed by chronic disease, lack of access to health care, teenage pregnancy and homelessness.
Forces of Change	The four forces that could impact Hudson County are: undocumented aliens due to language barriers, transportation due to large numbers of vehicles passing through the county causing gridlock, limitation of resources, and adaptability challenge due to hospital closures.
Local Public Health System	Thirteen professionals, representing ten agencies participated in assessing our local public health system based on the ten essential public health services. Hudson County scored the highest in diagnosing and investigating as well as in enforcing laws. The lowest score received was for evaluation with the remainder of the services scoring in the partially met model standard.
KEY FACTS	<p>County Size: 62.43 sq. miles</p> <p>Population density: 13,044/ sq. mile</p> <p>Uninsured population: 19%</p> <p>Persons below poverty, 2004: 14.4%</p> <p>Population growth, percent change, 2000-2005: - 0.2%</p> <p>Other: Hudson County is the most densely populated county in New Jersey with an average of 1,134 people per square mile. In 2000, the US Census standard measures reported 608,975 people. It is believed that there are more undocumented people in Hudson County than officially reported with possibly no access to health care statewide.</p>
WEBSITE	http://www.hudsonregional.org/wnew/20070424-Hudson%20County%20CHIP.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

HUNTERDON COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Mental Health 2. Weight/Physical Activity 3. Cardiovascular Disease 4. Drugs, Alcohol & Tobacco 5. Access to Healthcare
COMMUNITY PARTNERSHIP	The <i>Hunterdon County Partnership for Health</i> is a county-based health advisory committee of more than thirty-five community service providers and residents. Included in the balance are state and county government, hospital and medical centers, non-profit agencies, faith based groups, municipal boards of health, local universities, schools, government leaders, healthcare providers, prevention specialists, concerned citizens, pharmaceutical companies, banking, businesses and more.
NEXT STEPS	The action cycle is currently underway with five committees beginning to implement the goals and strategies outlined in the CHIP. The full partnership will meet quarterly to receive updates on progress.
MAPP ASSESSMENTS	
Community Health Status	In Hunterdon, 1,100 adult residents took part in a 2005 Behavioral Risk Factor Surveillance Survey (BRFSS). During 2006, a survey was also undertaken in the county's Latino community to identify the prevalent health issues of this growing population group. It surveyed 165 members of the Latino population. Results of this survey were incorporated with the 2005 BRFSS phone study.
Community Themes & Strengths	During Summer 2005 the "Community Health Survey" explored county resident perceptions about community health and sought input on quality of life. A separate "Key Informant" survey focused on health issues cited by individuals with a background in healthcare or are informed participants in community issues.
Forces of Change	FORCES OF CHANGE (May 15, 2006) was completed after several sessions that included the following in the top categories: 1. Increase in cost of healthcare services, 2. Senior population larger in number and sicker longer, 3. Increase in uninsured, 4. High cost of living, 5. Obesity, 6. Increase in physician malpractice insurance, 7. Increase in underinsured, 8. Influx of Latino population.
Local Public Health System	(LPHSA was completed on March 22, 2006). Summary scores by essential public health services were: Highest score: EPHS 2: Diagnose and Investigate Health Problems=89.99 and Lowest score: EPHS 3: Inform, Educate, and Empower People=56.43
KEY FACTS	<p>County/Size: 430 sq. miles Population density: 284/ sq. mile Uninsured population: 4.6% Persons below poverty, 2004: 3.1% Population growth, percent change, 2000-2005: 1.3% Other: The population 65 and over has increased by 12% between 2000 and 2005, while NJ had an overall decrease of 4%</p> <ul style="list-style-type: none"> • 46,141 households in Hunterdon with 34,866 of them being families • 67.6% are living in married family households. 51.8% for NJ, 49.7% for US • 5.3% are female households with no husband present. 12.6% for NJ & US • Hunterdon has both a lower marriage and divorce rate than NJ and the US • Median household income = \$93,342
WEBSITE	http://www.co.hunterdon.nj.us/pdf/health/final_chip2007.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

MERCER COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Care 2. Substance Abuse 3. Mental Health 4. Obesity
COMMUNITY PARTNERSHIP	7 local health departments; 1 health commission; 1 hospital; 15 governmental entities; 8 community organizations; and 1 educational institute can be listed as partners.
NEXT STEPS	In an effort to fight childhood obesity and promote healthy lifestyles for children and their families; Rutgers Cooperative Extension of Mercer County has formed the Mercer County Building Healthy Kids Coalition. The goal of the coalition is to strengthen families in a variety of ways that will encourage and support the development of healthy children including their physical, emotional and environmental health. While the coalition is spear headed by Rutgers Cooperative Extension, the County of Mercer's Division of Public Health has worked collaboratively with the Extension through the Mercer County Partnership for Community Health Committee.
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> • Public Health Resource Directory- Nearly 10% of Mercer County residents indicated that they are uninsured. People do not know how to navigate through the current public health system. • Substance abuse-There are nearly 20,000 people in need of lifetime treatment for alcohol abuse. This figure is significantly higher than that reported for the number of people who actually receive treatment (it's nearly 35 times greater). There is also a large difference between those persons needing heroin treatment and the number of people who actually receive treatment (there are approx. 4 times as many people). • Mental Health- While few statistics were readily available the group felt that mental health continues to be an issue, which often correlates with substance abuse. • Obesity-The number of people who are becoming obese is growing, with 66% of US adults and 17% of US children reported being overweight or obese.
Community Themes and Strengths	While information was collected from the Community Theme and Themes assessment survey distribution, the information collected was substantiated by the 2006 BRFSS. These finds indicated that 9.7% of Mercer County residents reported not having any type of health care coverage; 58.5% of Mercer County's residents are overweight or obese.
Forces of Change	<p>The Partnership for Community Health committee cited the many forces, events, and trends as affecting or potentially affecting community health and the local public health system. Among these the following three are noted:</p> <ol style="list-style-type: none"> 1. Worldwide Political Environment: Down shift of the economy 2. Social Issues: Recreational/social opportunities decrease in some neighborhoods; decreased safety(i.e. increased gang activity);business shift 3. Uninsured Population: Increased immigrant population; untreated health problems
Local Public Health System	The following three areas had the lowest percentages: Monitoring health status to identify community health problems; Researching new insights and innovative solutions to health problems; and mobilizing community partnerships to identify and solve health problems. The areas with the highest percentages are: Investigation and diagnosis of public health issues, law enforcement, and the development of policies/plans.
KEY FACTS	<p>County/city size: 229 (sq. miles)</p> <p>Population Density: 1,552 people (per sq mi)</p> <p>Uninsured Population: 12.28%</p> <p>Persons below poverty, percent, 2006: 8.4%</p> <p>Population growth, percent change, 2000 – 2005: -1.6%</p>
WEBSITE	http://nj.gov/counties/mercer/departments/hs/public/chip.html

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

MIDDLESEX COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Health 2. Substance Abuse 3. Obesity, Nutrition and Physical Activity 4. Mental Health Issues 5. Cancer Prevention
COMMUNITY PARTNERSHIP	Healthy Middlesex County, NJ Project 2010 steering committee includes county and local health officers, government and non-government representatives, academia, medicine, insurance carrier, philanthropic organization, non-profit agencies, faith based and business communities, environmental health, policy makers, civic groups, media, education and voluntary organizations and child advocacy groups (over 100 representatives).
NEXT STEPS	<p>Cancer Prevention: Smoking cessation for cancer prevention, early detection, health education and advance awareness to be presented to faith-based organizations, federally qualified health centers, to organizations representing all sectors of the community</p> <p>Obesity Prevention: Mayor's Wellness Campaign will introduce Walk to the Next Bus Stop Program. Work with YMCA and Rutgers Obesity group to gear a physical activity program for the family and work with multi prong strategy to address both healthy diet and exercise.</p> <p>Mental Health and Substance Abuse Prevention: We will use Dare to be You and Strengthening Families program to educate children and parents on nutritional, physical activities and dangers of substance abuse. We collaborate with UMDNJ Tobacco dependence program and encourage people to participate in Quitnet program. Our rape care center outreach group actively educates people on sexual abuse, sexual assault and how to prevent them.</p>
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> • Accesses to care issues are: lack of insurance, availability of services, cultural and social barriers. 9.9% uninsured • Cancer: 26,109 Middlesex County residents living with diagnosed cancer (4th highest rate in the state); cancer rates were distributed in this manner: males 619.1 per 100,000 and females 442.1 per 100,000. Reflecting the county's racial composition, (68% White, 14% Asian, 9% Black), cancer occurred more often in White population but Black individuals were more likely to be diagnosed during later stages and with higher mortality rates. • Obesity: From 1996 to 1998, only 27% of population reported consuming five servings of fruits and vegetables a day. • Mental Health: Mental health issues are often not reported and are difficult to statistically assess. Women with post partum depression, domestic violence issues, and gang violence were discussed, as well as teens getting addicted to over the counter drugs, such as cough medicine.
Community Themes and Strengths	Quality of life is improved when cancer patients have transportation to treatment, find services where language and culture are recognized, immigration status is not used as a barrier to cancer screening and care.
Local Public Health System	The report demonstrated high scores in Essential Public Health Services 2, 3, and 6; investigation of health problems, enforcement of laws, linkage of people to appropriate services. The only service scoring below the 50 percentile score was demonstrated in Essential Public Health Services 10, research.
KEY FACTS	<p>County Size: 322.5 sq. miles</p> <p>Population density: 2,422/ sq. mile</p> <p>Uninsured population: 12.4%;</p> <p>Persons below poverty, 2004: 6.9%</p> <p>Population growth, percentage, 2000-2005: 1.0%</p> <p>Other: According to U.S. Census, in 2000 Middlesex County's population is 750,162 persons. Middlesex County is generally more affluent than the state overall The county's median household income in 1999 was \$61,446.</p>
WEBSITE	http://co.middlesex.nj.us/publichealth/CHIP%20Comm.%20Health%20Improvment%202009.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

MONMOUTH COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Barriers to Health Care Services 2. Comprehensive Health Care Despite High Cost of Living in the County 3. Tobacco, Drugs & Alcohol 4. Transportation Barriers 5. Cancer Morbidity 6. Growing Older Adult Population
COMMUNITY PARTNERSHIP	Participants included: county, commission and local health department officers/agencies (8), alcohol and drug treatment and prevention programs (7), social service agencies (10), county agencies (8), colleges (2), school districts (2), banking industry, insurance carriers (1), area hospitals & health centers (7), non-profit health agencies (5), youth-focused agencies (3), state agencies (3).
NEXT STEPS	Workgroups for each of the six high priority issues have been developed and additional member recruitment is underway. Each workgroup has a program of work and is developing strategic plans to achieve stated objectives. The MAPP steering committee has full membership and is meeting on a quarterly basis.
MAPP ASSESSMENTS	
Community Health Status	A countywide survey was distributed to county residents across a three month period beginning in the summer of 2005 to gather primary data. A total of 1,378 Monmouth County residents completed the survey that elicited feedback regarding health concerns among residents such as cancer, alcohol abuse, and obesity. Secondary data was gathered to reconcile data from the community survey with existing statistics on mortality, access to healthcare, maternal & child health indicators, and cancer rates, to name a few. In addition, separate profiles were developed for selected municipalities within Monmouth County. Included in that profile were Asbury Park City, Freehold Borough, City of Long Branch City, Neptune City, and Red Bank Borough.
Community Themes and Strengths	A series of five focus groups were conducted; two with county residents; two with county professionals; one with individuals from the Hispanic/Latino population. Feedback on areas of quality of life, specific to subpopulations including seniors, children and minority groups contributed to the identification of the six strategic issues.
Forces of Change	Funding, Growing Number of Uninsured, Transportation Challenges, Increasing Home Prices, Growing Minority Population, Alcohol Use/Abuse, Too Few Specialists, Mental Health problems, Decrease in Sense of Community, and Obesity are the top ten forces of change.
Local Public Health System	Ability to enforce public health laws and regulations and the capacity to diagnose and investigate health problems and threats were assessed as strengths. The need to develop and maintain consistent community partnerships focusing on community health improvement and the linkage of all populations to needed health services were assessed as opportunities.
KEY FACTS	<p>County size: 665 sq. miles</p> <p>Population density: 1,304/sq. mi.</p> <p>Uninsured population: 9.7%</p> <p>Persons below poverty, 2004: 5.9%</p> <p>Population growth 2000-2005: 0.6%</p> <p>Other: Five urban areas exist within Monmouth County (Asbury Park City, Freehold Borough, City of Long Branch City, Neptune City, and Red Bank Borough)</p> <p>During the summer months, Monmouth's population increases to over 1 million people.</p>
WEBSITE	http://co.monmouth.nj.us/documents/120/MonmouthCountyCHIP.pdf

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

MORRIS COUNTY	
HIGH PRIORITY ISSUES	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>1. Aging</p> <p>2. Mental Illness</p> <p>3. Obesity</p> <p>4. Sexually Transmitted Diseases</p> <p>5. Substance Abuse</p> <p>6. Diabetes</p> </div> <div style="width: 50%;"> <p>7. Heart Disease and Stroke</p> <p>8. Asthma</p> <p>9. Cancer</p> <p>10. Communicable Diseases</p> <p>11. Health System Payor Structure</p> </div> </div>
COMMUNITY PARTNERSHIP	Participants included health officers and members of the Morris Regional Public Health Partnership, Morris County health service leaders, health systems representatives, hospitals, college, Visiting Nurse Association, communicable disease organization, Morris County Department of Human Services, non-profit organizations, cancer organizations, and faith based organizations, Planned Parenthood, youth programs and United Way.
NEXT STEPS	Future activities of the Partnership include the evaluation and acceptance of the plan, a planning process by community institutions, and the expansion of the number of persons and organizations that participate in the Partnership.
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> In 2006, the Morris Regional Public Health Partnership, Inc. published the Morris County Profile of Health Indicators. The Community Health Profile Committee, comprised of public health and hospital staff, conducted research using established information from authoritative sources. The data gathered in the Profile were used by the respective committees to establish goals and objectives for the county's improvement plan. Asthma and Diabetes 6% of pop v State's rate of 9% Cancer mortality rate highest for lung (male 63.1 per 100,000 Cancer Incidence greater for Prostate, male 207 per 100,000) Substance Abuse Treatment Admissions: <ul style="list-style-type: none"> (County 71.5% males and 28.5% females v. State 69.4% males and 30.5% females) Heart disease and stroke: Mortality rate for heart disease is slightly higher for Blacks in Morris County as compared to the State (589 per 100,000 v. 587 per 100,000)
Community Themes and Strengths	11,000 survey instruments on what constitutes a healthy community were mailed to 39 towns within the county. Surveys were proportional to its population. 10% of surveys were returned.
Forces of Change	Committees that were formed on the Priority Health Issues cited above, evaluated each indicator using the following Forces of Change criteria: Aging population, increased average life span, family structure, medical technology, transportation, social service safety net limitations, chronic disease, environment, government health policies, health insurance coverage, information technology, immigration, chronic disease, leadership, public health system, emerging pathogens, public health workforce, media biases, social marketing.
Local Public Health System	The preparation of the report was conducted by the Morris County Office of Health Management. The report demonstrated high scores in Essential Public Health Services 2, 6, 7 and 8 Investigation of health problems, Enforcement of laws, linkage of people to appropriate services and competent workforce; Low scores were demonstrated in Essential Public Health Services 9 and 10, Evaluation and Research.
KEY FACTS	<p>County size: 469 sq. miles;</p> <p>Population density: 1,002.6/ sq. mile</p> <p>Uninsured population: 9.1%</p> <p>Persons below poverty, 2004: 4.1%</p> <p>Population growth, percent change, 2000-2005: 0.8%</p> <p>Other: In recent years, foreign immigration to the United States has resulted in new middle and lower-income people making residence in the Parsippany area. In 2000 almost 73,000 Morris County residents were foreign-born with 37,000 originated from Asia.</p>
WEBSITE	http://www.morrispublichealth.org/projects.htm

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

NEWARK, CITY OF	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Healthcare 2. Communication of Health Issues and Resources 3. HIV/AIDS 4. Obesity
COMMUNITY PARTNERSHIP	Participants included county government representatives, alcohol and drug treatment and prevention programs, social services, insurance groups, ethno-racial organizations, medical schools and centers, community centers, maternal and child consortium, schools, colleges and universities, faith based organizations, youth and parent groups, federally qualified health centers, cancer coalitions, non-profit agencies, police and emergency services representatives.
NEXT STEPS	The CHIP will be used to prioritize health planning in Newark. The plan will be shared with all health providers and stakeholders and the priorities will be incorporated into proposals and service contracts. A continuous quality improvement process will be applied for further refinement and to address the overall public health infrastructure during the action plan cycle.
MAPP ASSESSMENTS	
Community Health Status	<p>The Planning Partnership developed a service delivery model – the Ecosystem Approach – to help address both the core issues and related or tangential issues. Community health planning forums in five wards elicited information from residents about specific health concerns and were included in the Community Health Assessment. The issues mentioned were:</p> <ul style="list-style-type: none"> • HIV AIDS Prevention • Smoking Cessation • Neighborhood Health Clinics • Mental Health Services
Community Themes and Strengths	<p>A series of 29 focus groups were conducted in five wards with additional community meetings and interviews of 411 individuals serving as key leadership in each ward. Community surveys, key informant interviews and community forums were also conducted. Issues of importance for a healthy community were listed as: low crime rate, access to health care, good schools.</p> <p>Most important health problems were: HIV AIDS, cancer, diabetes.</p>
Forces of Change	Forces that were identified included: adolescent violence, substance abuse and mental health problems, lack of health insurance, fragmented health system, many new ethnic groups with different cultures and use of services, childhood obesity, new mayoral administration, HPV vaccine.
Local Public Health System	Essential Services 2, 3, 4, 7, 8, 9, and 10 reached above the 50 percentile score. Essential services 1, 5 and 6 were below. Areas of strength were in community partnerships and research scoring almost in the 90 percentile. Monitor health, develop policies and plans and enforce laws and regulations will need further attention.
KEY FACTS	<p>City size: 25.96 sq. miles</p> <p>Population Density: 11,495/ sq. miles</p> <p>Uninsured Population: 19% (children)</p> <p>Persons below poverty, 2004: 28.4%</p> <p>Population growth, percent change, 2000 – 2005: 2.6%</p>
WEBSITE	http://www.ci.newark.nj.us/government/city_departments/health_human_services/community_health_improvement_plan.php

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

OCEAN COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. General Health 2. Health Care Access 3. Resource & Asset Management 4. Emergency Management 5. Substance Abuse 6. Mental Health
COMMUNITY PARTNERSHIP	Participants included governmental agencies, hospitals, schools, police, cancer societies, YMCA, health departments, United Way, Catholic Charities, FQHC, Dottie's House, municipal alliances, senior committees, and chamber of commerce.
NEXT STEPS	Based on the six strategic issues identified, six subcommittees have been formed to address each issue and will create action plans to address parts of the issue. These action plans will be measurable and have outcomes that will be visible in the next two to five years.
MAPP ASSESSMENTS	
Community Health Status	<p>Ocean County's secondary data profile compiled various statistics regarding health status, education, mortality, crime, employment which portrays the status of Ocean County residents.</p> <p><i>Ocean County results showed areas of opportunity in:</i></p> <ul style="list-style-type: none"> • Significantly more residents are dying of heart disease compared to state and national averages • Significantly more residents have high cholesterol compared to state and national averages • Increase in late and late latent syphilis compared to the state • Significantly higher incidences of cancer compared to the state • Higher percentage of pregnant women who smoke compared to the state • Fewer smokers are attempting to quit smoking compared to state and national • Fewer residents are seeking drug and alcohol abuse treatment within Ocean County. More likely to go out of county. • Fewer residents have insurance coverage for their drug and alcohol treatment compared to the rest of the state
Community Themes and Strengths	A general community/stakeholder survey and a comprehensive BRFSS survey identified areas of importance in obesity, general health, and health care access. However there is a general consensus of good quality of life within Ocean County.
Forces of Change	This assessment identified many issues that directly correlate to the identified strategic issues. Generally the forces of change can be categorized into issues relating to a lack of knowledge of resources, lack of funding, and Ocean County's large senior population.
Local Public Health System	The CDC report identified service domains where performance is relatively strong and weak. In rank from strongest to weakest is: evaluate services, link to health services, enforce laws and regulations, monitor health status, diagnose/investigate, assure workforce, develop policies/plans, educate/empower, mobilize partnerships, and lastly research/innovations.
KEY FACTS	<p>County Size: 638 sq. miles</p> <p>Population density: 881 / sq. mile</p> <p>Uninsured population: 11%</p> <p>Persons below poverty, 2004: 7.6%</p> <p>Population growth, percentage, 2000-2005: 10 %</p>
WEBSITE	http://www.ochd.org/details.aspx?ID=31

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PASSAIC COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Health Care 2. Cancer 3. Drug Abuse 4. Health Education and Promotion 5. Heart Disease and Stroke
COMMUNITY PARTNERSHIP	Participants included city, borough, township and county health officers, Rutgers Extension for Nutrition, Passaic County Council on Alcoholism and Drug Abuse, university, hospital, medical center, city administrator.
NEXT STEPS	Identify property to establish a new Federally Qualified Health Center, seek grants to develop long term care center for females with families to recover from addiction, increase efforts to provide cancer screenings, explore possibility of developing a needle exchange program, establish an Area Health Education Center (AHEC) system, and research the feasibility of banning trans fat use.
MAPP ASSESSMENTS	
Community Health Status	<ul style="list-style-type: none"> • Major causes of death are heart disease, stroke, cancer and diabetes. Deaths from these causes are largely the result of ingrained behaviors such as alcohol use, tobacco use and poor eating habits.
Community Themes and Strengths	<ul style="list-style-type: none"> • Significant problems with alcohol and drug use exist. Tobacco use consistently tends to be a substantial contributor to health issues. High rates of sexually transmitted diseases and HIV.
Forces of Change	Health disparities for racial, ethnic and cultural backgrounds are apparent in every health indicator. Multi-Cultural communities often cluster together in urban areas and show an overlap with communities experiencing economic challenges.
Local Public Health System	Passaic County scored the highest in Essential Public Health Services #1, #2, and #6, monitoring health status to identify community health problems, diagnosing and investigating health problems and health hazards in the community, and enforcing laws and regulations that protect health and ensure safety. Need for improvement can be found in Essential Public Health Services #7, #9, #10, linking people to needed personal health services, evaluating the effectiveness and quality of health services and research, respectively.
KEY FACTS	<p>County size: 185 sq. miles</p> <p>Population density: 2, 639/ sq. miles</p> <p>Uninsured population: 16.6%</p> <p>Persons below poverty, 2004: 12.0%</p> <p>Population growth, percentage change, 2000-2005: 0.4%</p> <p>Other: The county boundary includes a geographic area that, historically, is one of the most continuously occupied in the United States; indeed, area settlement antedates the American Revolutionary War. It is located in the north-central portion of New Jersey, and adjoins Morris and Essex Counties in the west and south, and Bergen County in the east where the Passaic River forms a portion of its boundary. Its northern border adjoins New York State.</p> <p>With slightly less than 500,000 residents, Passaic County's Hispanic population has risen to 30% of the population with the most significant increase in the Mexican group at 237%. The most dominant languages spoken other than English are: Spanish and Spanish Creole, Italian, Polish and Arabic. Throughout its history, Passaic County has been a settlement area for immigrants coming to the United States, first from Southern and Northern Europe, later from Africa, and most recently a Spanish population has settled in the county.</p>
WEBSITE	http://www.pcdh.org/documents/Passaic_County_CHIP_2007.pdf

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PATERSON , CITY OF	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. HIV 2. Cardiovascular Disease and Stroke 3. Cancer 4. Diabetes 5. Access to Primary Medical Care and Dental Care
COMMUNITY PARTNERSHIP	Participants included state and county government, United Way of Passaic County, Paterson police and fire departments, City of Paterson OEM, Passaic County Sheriff's Office, American Red Cross, hospitals and an alcohol and drug treatment program, Passaic County mental health, housing authority, City Council, Board of Education, community college, youth services, YMCA, Community Health Center, City of Paterson Ryan White, healthcare carriers/providers, and PSE&G.
NEXT STEPS	<p>Create, develop, or initiate: pilot Needle Exchange Program, Aspirin-a-Day Program, directory of cancer providers, free blood pressure screening at stores, and dental van to schools. Most pressing concerns expressed by providers related to services: HIV/AIDS, followed by care for diabetes, cardiovascular disease and cancer.</p> <p>Most challenging clinical services: dental - mental health - Ob/Gyn, especially for immigrants, foreign speakers, working poor, uninsured.</p>
MAPP ASSESSMENTS	
Community Health Status	HIV positive patients reported I.V. drug use was mode of transmission of 48% of men and 40% or women; black males have a higher incidence of colon and lung cancer and white females have a higher incidence of breast cancer; heart disease is nationally 15 times higher for black males, and death from diabetes related illness in Passaic county was 86% higher for Black/African-American population at 57.0 per 100,000 compared to 30.6 per 100,000 for Whites.
Community Themes and Strengths	Lack of access to primary and preventive care is more likely for uninsured and non-English speaking residents; health disparities could be addressed by health education (safer sex, smoking cessation, substance abuse services, improved nutrition, increased physical activity and self monitoring for potential cancer risks) that results in behavioral change; unstable families – crime – gangs - and lack of recreational programs for young negatively impact quality of life.
Local Public Health System	Of the ten federally designated medically underserved areas in Passaic County, nine are within Paterson. The Paterson CHIP will act as a blue print for Paterson's leaders to effectively address Paterson's health concerns. Paterson sees this process as related to New Jersey's statewide plan to address health disparities by focusing on the development of strategies to achieve Healthy New Jersey 2010 targets within each priority area.
KEY FACTS	<p>County size: 8.4 sq. miles</p> <p>Population density: 17,675 / sq. miles</p> <p>Uninsured population: 14%</p> <p>Persons below poverty, 2004: 22.2 %</p> <p>Population growth, 2000-2005: 1.0 %</p> <p>Other: Paterson's diversity is evidenced by its mixed population. Blacks and Hispanics account for 81% of Paterson's population with Hispanics at 50% and Blacks at 31%. Many diseases impacting the Paterson community demonstrate a strong racial and ethnic component</p>
WEBSITE	http://www.patersonnj.gov/egov/docs/1294349639_663909.pdf

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SOMERSET COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access to Healthcare 2. Healthy Lifestyle 3. Alcohol, Tobacco and Other Drugs 4. Environmental Health
COMMUNITY PARTNERSHIP	Participants included Public Health Governmental Partnership health officers, county and municipal officers, boards of health members, Community Public Health Partnership representatives made up of professionals, community organizations, civic groups and county residents.
NEXT STEPS	<p>Organize a GPHP/CPHP fund raising committee.</p> <p>Assemble a GPHP/CPHP working group to initiate and refine the first steps of the action phase of the CHIP.</p> <p>Meet with focus groups to gain greater understanding of the problems of the underserved populations in the county.</p>
MAPP ASSESSMENTS	
Community Health Status	According to Somerset's BRFSS, the southern region of the county has the highest rate of diabetes, highest rate of stroke and highest rate of prostate cancer. The central region has the highest rate of overweight or obese individuals, highest rate of poor general health, and highest rate of depression. The northern region has the highest rate of high blood pressure, high cholesterol and angina or coronary heart disease. Across the county, alcohol use and smoking are more prevalent in Somerset than the rest of the state.
Community Themes & Strengths	<p>The Access Task Force and the Somerset County BRFSS Survey indicates that although residents are better off than most New Jersey residents when it comes to access to healthcare, there are still 45,000 uninsured people. Examples of the underserved are recent immigrants, working poor and their children.</p> <p>Most Important risky behaviors are: alcohol abuse, obesity, tobacco use, lack of exercise, and drug abuse.</p>
Forces of Change	Fragmentation of authority regarding environmental matters is common. Environmental health professionals must build collaborations with multiple agencies to manage environment public health issues. Asthma, birth defects, Alzheimer's, autism, endocrine and metabolic disorders and a variety of cancers are not widely tracked to find correlations with environmental exposure. Public health priorities and bioterrorism have shifted the focus away. Pew Environmental Health Commission's 2000 Report, states there is a large gap in scientific knowledge regarding correlations between environmental factors and chronic diseases.
Local Public Health System	Organize town, school and other meetings and cooperate with ongoing public health education programs such as the municipal alliances, to increase awareness about the issue of drug, tobacco abuse and underage drinking. Respond to the Mayor's Wellness Campaign to establish baseline data. Institute a working group known as the Somerset County Environmental Health Partnership
KEY FACTS	<p>County size: 305.5 square miles</p> <p>Population density: 976.4 /sq. mile</p> <p>Uninsured population: 9%</p> <p>Persons below poverty, 2004: 4.3%</p> <p>Population change from 2000 – 2005: 1.4%</p>
WEBSITE	http://www.co.somerset.nj.us/health/docs/CHIP%20Final%20Draft%20Copy%20Number%20SevenpicsD.pdf

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SUSSEX COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Mental Health 2. Obesity 3. Cancer
COMMUNITY PARTNERSHIP	<p>Participants included Governmental Public Health Partnership Health Officers, county and municipal officers, hospital representatives, and governmental agencies.</p> <p>2 – hospitals 8 – governmental agencies</p>
NEXT STEPS	<p>After CHIP is completed, partners will meet to establish methodologies for implementation. The plan is to bring together the county mental health board, health educators and the cancer coalition, along with other mental health, physical health and cancer grantee partners to participate in the partnership.</p>
MAPP ASSESSMENTS	
Community Health Status	<p>The findings of the community health assessment that support the selection of the CHIP priorities are:</p> <ul style="list-style-type: none"> • Over 50% of Community members perceived themselves as overweight • Significant percentage of 18-54 age – mental health not good in last 30 days • Alcohol and drug abuse – significant issue
Community Themes and Strengths	<p>The main findings of the community themes and strengths assessment of Sussex County are:</p> <ul style="list-style-type: none"> • Good place to live • Safe neighborhood • Over 80% of participants – health status good • Low crime
Forces of Change	<p>The Forces of Change Assessment broke issues into categories such as: social, political, technological, environmental scientific, legal and ethical concerns. Of significance, the following subcategories contributed to the public health priorities chosen. They are: substance abuse impact on society, illegal drug use and proliferation of alcohol abuse, increased number of individuals with mental illness and substance abuse, managed care and obstacles regarding access to care, tobacco and anti-smoking laws, increasing ethnic diversity, housing shortage, lack of transportation, increased cost of health care, business closing/downsizing, decrease in agricultural and manufacturing, exodus of the more wealthy and higher educated population.</p>
Local Public Health System	<p>The Sussex County local public health partners participated in this particular assessment and found the strengths of the system to be: Essential Public Health Service 2, diagnosing and investigating health problems, Essential Public Health Service 4, mobilizing community partnerships, and Essential Public Health Service 6, enforcing laws and regulations. The opportunities for improvement exist with Essential Public Health Service 7, linking people to personal health services, Essential Public Health Service 8, assuring a competent public health workforce, and Essential Public Health Service 10, researching new solutions to health problems.</p>
KEY FACTS	<p>County size: 521 sq. miles Population Density: 277/sq. mile Uninsured Population: 9% Persons below poverty, percent, 2004: 4.4% Population growth, percent change, 2000 – 2005: 6.4%</p>
WEBSITE	<p>http://www.sussex.nj.us/documents/health/sussexcountychip6-08.pdf</p>

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UNION COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Health Care Access and Affordability 2. Senior Services 3. Heart Disease and Cancer 4. Invest in Local Resources
COMMUNITY PARTNERSHIP	Participants included municipal and county health officers, realty company, investment and banking industry, Port Authority of New Jersey, transportation industry, freeholders, colleges, Department of Education, Economic Development Corporation, Workforce Advantage, county manager, hospital and health care system, communications industry, PSE&G, building industry, labor council and labor union, insurance industry, water company, Verizon, United Way, and any other Union County Alliance Members not mentioned above.
NEXT STEPS	Important to note that the community health improvement process is ever-evolving, change is inevitable and the profiles of the communities will continue to transform. As Union County's public health officials develop the action plan, a myriad of state and county resources will be requested to assist the effort.
MAPP ASSESSMENTS	
Community Health Status	In 2001, the Union County Alliance completed the first comprehensive, baseline health assessment. The alliance engaged a research team from Kean University. The UCA Steering Committee, with assistance from Kean University, began in Spring 2006, to undertake key health assessments defined in the MAPP process.
Community Themes and Strengths	<p>Over an 18 month period, the UCA Research Team gathered input and information from Union County residents through a series of public meetings, one-on-one interviews, a community forum, and the use of a 504 respondent telephone survey. Concerns were:</p> <ul style="list-style-type: none"> • Access and Affordability • Health Services for Seniors • Mental Health Problems • Public Screening Services • Smoking Ban • Health Education
Forces of Change	In the event of a disaster, the county is not networked properly. The coordination of services still needs to be addressed and risk assessment plans still need to be developed and coordinated. Regarding disaster planning and relief, a majority of respondents (58%) reported they were unaware of local plans for coping with a public disaster such as a terrorism event or a natural disaster. A similar number said they feared their community was "not capable" of handling such an event.
Local Public Health System	Limited resources mean a limited ability to reach out to the poor and non-English speaking communities. As the Hispanic population of the county soars, the ability to have an impact on those populations gets smaller and smaller. 12% of the survey respondents requested additional screening services for vision, hearing, mammography, cancer and infectious diseases such as Hepatitis and HIV/AIDS.
KEY FACTS	<p>County size: 103 sq. miles Population density: 1,868/ sq. miles Uninsured population: 13.17 % Persons below poverty, 2004: 9.1% Population growth, percentage, 2000-2005: 0.3% Other: In 2005, the population was estimated at 531,457. 71.4% of all persons counted were White, 22.6% were Black, and 23.7% were Hispanic or Latino origin. The percentage of person below poverty in 2003 was listed at 9.9% as compared to New Jersey at 8.9%. The median household income that year was listed as \$53,919 as compared to \$56,356 for the State. The population is 5 times denser per sq. mile than the remainder of New Jersey.</p>
WEBSITE	http://ucnj.org/government/public-safety/division-of-health/mapp-chip

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WARREN COUNTY	
HIGH PRIORITY ISSUES	<ol style="list-style-type: none"> 1. Access, Affordability, and Appropriate Health Care 2. Fundamentals of Health 3. Nutrition and Physical Activity 4. Domestic Abuse and Violence 5. Environmental Work 6. Preventing and Reducing Major Diseases 7. Substance Abuse 8. Mental Health
COMMUNITY PARTNERSHIP	Participants included state and county government, hospital and medical centers, non-profit agencies, faith based groups, youth center, public representative, Public Housing Authority, behavioral health, alcohol and drug prevention providers, DYFS, mental health agency, cancer prevention coordinator, visiting homemakers, Big Brothers/Big Sisters, public health information officer, Office on Aging, local universities and schools, government leaders including a council woman, and healthcare providers.
NEXT STEPS	Workgroups were developed and met as needed. Each workgroup has set short and long term objectives and action steps to address specific health concerns. New members have been invited to these workgroups, each with expertise in the area of concern. Workgroups report back to the MAPP Coalition quarterly.
MAPP ASSESSMENTS	
Community Health Status	Warren County is a relatively healthy county compared to other counties and the State. We still have areas of concern as shown in the CHIP. Specifically, chronic diseases and unintentional injuries, substance abuse and mental health issues are the top concerns.
Community Themes and Strengths	<p>The Community Themes and Strengths Subcommittee developed and administered a survey to gather information about county residents' perceptions and perspectives on quality of life. Ten focus groups gathered additional data.</p> <p>Most important quality of life factors are: Low crime rate, good place to raise children, good schools, and clean environment.</p> <p>Most important health problems are: cancer, heart disease and stroke, aging problems and motor vehicle crash injuries.</p> <p>Most important risky behaviors are: alcohol abuse, obesity, tobacco use, lack of exercise, and drug abuse.</p> <p>Recommendations for improvement are: efforts for conservation, improvements for public transportation, expand community interventions and education, increase volunteerism.</p>
Forces of Change	Sentinel events that were identified in Warren County are: seasonal floods, Epizootic Rabies, West Nile Virus, local flu outbreaks, potential pandemic flu and Lyme Disease (2 nd highest incidence in the state). Also, economic impacts on funding sources and influx of minority populations in past few years have put additional pressure on the public health services.
Local Public Health System	Areas that are indicated for improvements are: 1) mobilizing the community partnerships; 2) developing policies and plans; 3) strategic planning by individual LPHS agencies; 4) review and evaluation of laws, regulations and ordinances; 5) workforce assessment; 6) public health leadership development; 7) evaluations of services; and 8) encouraging research & innovative ideas by staff and other LPHS members.
KEY FACTS	<p>County size: 358 sq. miles</p> <p>Population density: 286/ sq. mile</p> <p>Uninsured population: 9.3%</p> <p>Persons below poverty level, 2004: 5.4%</p> <p>Population growth change, 2000-2005: 1.4%</p> <p>Other: Minority population increase to 6.1%, up from 1.8% in 2000</p> <p>Metropolitan or metropolitan statistical area is Allentown, Bethlehem, Easton, PA. not NJ</p>
WEBSITE	http://www.co.warren.nj.us/healthdept/includings/WCHealthPlan.pdf

APPENDICES

APPENDIX A

For an up-to-date listing of Governmental Public Health Partnerships in New Jersey, please go to:
http://nj.gov/health/lh/documents/governmental_pub_hlth_partnerships.pdf

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APPENDIX B

MAPP PARTNERS IN NEW JERSEY

NJ CHIP Partners	Name of Organization	County
AIDS/HIV	South Jersey AIDS Alliance	Atlantic
Cancer	CEED	Atlantic
	Leukemia & Lymphoma Association	Atlantic
	ACS-Northern NJ	Bergen
	American Cancer Society	Burlington
	Burlington County Cancer Coalition	Burlington
	American Cancer Society	Camden
	Camden County Cancer Coalition	Camden
	American Cancer Society	Cape May
	American Cancer Society	Cumberland
	Cumberland County Cancer Coalition	Cumberland
	Salem County Cancer Coalition	Cumberland
	Gloucester County Cancer Coalition	Gloucester
	Hudson County Cancer Coalition	Hudson
	Mercer County BRAVA/CEED	Mercer
	Mercer County Cancer Coalition	Mercer
	Mercer County Office of Cancer Control Prevention	Mercer
	American Cancer Society	Monmouth
	Middlesex County Public Health	Middlesex
	SPUH Community Mobile Services	Middlesex
	RWJUH Breast Cancer Awareness	Middlesex
	The Cancer Institute	Middlesex
	Lung Cancer Circle of Hope	Middlesex
	The Wellness Community	Middlesex
	St. Peter's Hospital	Middlesex
	ACS/Newark Cancer Initiative	Newark
	Essex County Cancer Coalition	Newark
	American Cancer Society	Ocean
	American Cancer Society	Somerset
	American Heart Association	Atlantic

Cardiovascular		
Charities/Foundations	Nat Kidney Foundation	Atlantic
	Arthritis Foundation	Atlantic
	Health Awareness Regional Program	Bergen
	Brain Injury Association	Burlington
	Dottie's House	Ocean
	Epilepsy Foundation	Ocean
	Providence House of Catholic Charities	Ocean
Diabetes	Delaware Valley Stroke Council	Camden
	Diabetes Health Center	Hunterdon
Red Cross	American Red Cross-Bergen/Hudson Chapter	Bergen
	Red Cross-Burlington Chapter	Burlington
	Red Cross-Camden Chapter	Camden
	Red Cross-Cumberland Chapter	Cumberland
	Bergen-Hudson ARC Chapter	Hudson
	American Red Cross	Monmouth
	American Red Cross	Paterson
United Way	Bergen County United Way	Bergen
	United Way of Burlington	Burlington
	United Way of Camden County	Camden
	United Way of Cape May	Cape May
	United Way of Greater Salem County	Cumberland
	United Way of Gloucester County	Gloucester
	United Way of Hunterdon County	Hunterdon
	United Way of Monmouth County	Monmouth
	United Way of Ocean Co.	Ocean
	United Way of Passaic County	Paterson
Child Health/Welfare	Atlantic County Children & Family Initiative	Atlantic
	Child Federation	Atlantic
	Easter Seals	Atlantic
	Northern NJ Maternal Child Health Consortium	Bergen
	REBEL Kids	Burlington
	Childhood Lead Poisoning/Prevention Coalition	Camden
	CASA of Camden	Camden

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	State Child Abuse Prevention	Cape May
	American Academy of Pediatrics	Hunterdon
	Regional Perinatal Consortium	Ocean
Colleges/Universities	Richard Stockton College of NJ	Atlantic
	Rutgers Cooperative	Atlantic
	Atlantic Cape Community College	Atlantic
	Ramapo College	Bergen
	Bergen Community College	Bergen
	Columbia University School of Public Health	Bergen
	NJ City University	Bergen
	Farleigh Dickinson University	Bergen
	Burlington County College	Burlington
	UMDNJ School of Public Health/Community Development	Camden
	Rutgers Univ. Center for Children & Childhood Studies	Camden
	Walter Rand Institute-Rutgers	Camden
	Camden County College	Camden
	Salem Community College	Cumberland
	Rowan University	Gloucester
	Rutgers Coop Extension	Mercer
	Rutgers Coop Extension	Middlesex
	Essex County College	Newark
	Georgian Court University	Ocean
	Ocean County College	Ocean
	UMDNJ	Newark
	Paterson Community College	Paterson
	Kean University	Union
	Union County College	Union
	Rutgers-Family & Consumer Health	Warren
	Warren County Community College	Warren
Community Groups	Citizens-At-Large	Bergen
	Bergen County PTA	Bergen
	Buddies of NJ, Inc.	Bergen
	Burlington County Community Connections	Burlington
	Pemberton Partners	Burlington

	Prevention Plus	Burlington
	Citizen Advocacy Program	Burlington
	Community Planning & Advocacy Council	Burlington
	Stop, Drop Your Gun, Inc.	Burlington
	Contact of Burlington County	Burlington
	New Jersey PTA	Burlington
	Camden Community Connections	Camden
	Camden County Volunteer Center	Camden
	Camden County PTA	Camden
	Food Bank of South Jersey	Camden
	Community Planning & Advocacy Council	Camden
	Camden Comm. Partnership against Tobacco	Camden
	Glassboro Community Health	Gloucester
	CATA	Gloucester
	Community Planning & Advocacy Council	Gloucester
	Medical Mission Sisters	Gloucester
	Partners in Prevention	Hudson
	Family Support Organization	Hudson
	North Hudson Community Action Corporation	Hudson
	Hunterdon Diversity Council	Hunterdon
	HiTops	Mercer
	Raritan Bay YMCA	Middlesex
	Open Doors, Inc.	Middlesex
	New Brunswick Tomorrow	Middlesex
	Freehold Community Counseling	Monmouth
	Prevention First	Monmouth
	Above The Rim Inc. of Newark	Newark
	New Community Corp	Newark
	Newark Renaissance House	Newark
	Northern NJ Maternal Child Health Consortium	Newark
	Statewide Parent Advocacy Network	Newark
	Big Brother/Big Sister	Ocean
	Brick Municipal Alliance	Ocean
	Jackson Municipal Alliance	Ocean

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	Stafford Twp Municipal Alliance	Ocean
	Ocean County YMCA	Ocean
	Ocean Harbor House	Ocean
	OCEAN, Inc.	Ocean
	Toms River Municipal Alliance	Ocean
	Straight & Narrow	Paterson
Consumers	R & R Baker, L Henry, B Jackson, E Jackson, L Lanier, A&J Lloyd, A O'Donnell, M Phillippi, A Walker	Atlantic
	Judi Cheung	Middlesex
	Dian Fitzpatrick	Warren
	Ann Rhinesmith	Warren
	Marie Accetturo	Warren
Criminal Justice/ Law Enforcement	Atlantic County Prosecutor's Office	Atlantic
	Bergen County Police Dept	Bergen
	Burlington County Prosecutor's Office	Burlington
	Berkeley Twp Police Dept	Ocean
	Brick Twp Police Dept	Ocean
	Lacey Twp Police Dept	Ocean
	Long Beach Twp Police Dept	Ocean
	Ocean County Prosecutors Office	Ocean
	Stafford Twp Police Dept	Ocean
	Toms River Twp Police Dept	Ocean
	Passaic County Sheriff's Office	Paterson
	Paterson Police Department	Paterson
Education/ Libraries	Atlantic County Library	Atlantic
	Atlantic County Institute of Technology	Atlantic
	Atlantic Prevention Resources	Atlantic
	Atlantic County Special Services School District	Atlantic
	Allendale Board of Education	Bergen
	Bergen County Cooperative Library System	Bergen
	Burlington County Supt. Office	Burlington
	Willingboro Memorial Junior High	Burlington
	Camden County Library System	Camden
	Gloucester City Schools	Camden

	Camden County Health Services Center	Camden
	Rutgers Cooperative	Camden
	Lower Cape May Regional School	Cape May
	Middle Twp Middle School	Cape May
	Cumberland County Technical School	Cumberland
	Hunterdon County Educational Services Commission	Hunterdon
	Hunterdon County Schools	Hunterdon
	Hunterdon Regional High School	Hunterdon
	Robert Wilentz Elementary School	Middlesex
	Freehold Regional HS District	Monmouth
	Mercer County Special School District	Mercer
	Newark Public Schools	Newark
	Ocean County Supt of Schools	Ocean
	Pt Pleasant Beach School District	Ocean
	Southern Regional Schools Community Education	Ocean
	Toms River Regional Schools	Ocean
	Montclair University	Passaic
	Rutgers Coop Ext	Passaic
	Warren Supt. Of Schools	Warren
Environmental Organizations	Cinnaminson Environmental Comm.	Burlington
	Burlington County Environmental Comm.	Burlington
	Willingboro Environmental Comm.	Burlington
Multicultural Organizations	Bergen County Hispanic American Advisory Council	Bergen
	Korean American Association of NJ	Bergen
	Powhatan Renape Nation	Burlington
	Servicios Latinos de Burlington County	Burlington
	Interfaith Hospitality Network	Burlington
	SASCA Hispanic Service Center	Burlington
	Hispanic Family Center of Southern NJ	Camden
	Puerto Rican Action Coalition	Cape May
	NAACP of Newark	Newark
	El Club del Barrio	Newark
	NJ Beijing Girls Association	Somerset
Faith Based/Churches	Vaikunth-Hindu Jain Temple	Atlantic

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	New Hope Baptist Church	Bergen
	Christ Baptist Church	Burlington
	Church of Nazarene	Burlington
	Lutheran Ministries of NJ	Burlington
	Our Lady Queen of Peace	Burlington
	New Jerusalem House of God	Burlington
	St. Andrew's Episcopal Church	Burlington
	Sykesville Presbyterian Church	Burlington
	St. Peter's Health Ministry	Burlington
	Wiley Church	Burlington
	Lutheran Home	Burlington
	Catholic Charities	Camden
	St. Casimir RC Church	Cape May
	Frenchtown Presbyterian Church	Hunterdon
	Flemington Jewish Community Center	Hunterdon
	Grace Reformed Baptist Church	Newark
	St. Barnabas Church	Ocean
Financial Institutions/Insurance Companies	Lakeland Bank	Bergen
	Commerce Bank	Hunterdon
	Sovereign Bank	Ocean
	Wachovia Bank	Union
	Washington Mutual Bank	Union
Governmental Entities	City of Atlantic City	Atlantic
	Bergen County	Bergen
	NJ Meadowlands Commission	Bergen
	Bergenfield Health Dept	Bergen
	Burlington County	Burlington
	Beverly Twp	Burlington
	Bordentown Twp	Burlington
	Chesterfield Twp	Burlington
	Delanco Twp	Burlington
	Easthampton Twp	Burlington
	Edgewater Park	Burlington
	Florence Twp	Burlington
	Lumberton	Burlington

	Maple Shade	Burlington
	Medford Lakes	Burlington
	Moorestown	Burlington
	North Hanover	Burlington
	Palmyra	Burlington
	Riverside	Burlington
	Springfield	Burlington
	Tabernacle Twp	Burlington
	Washington Twp	Burlington
	Wrightstown Borough	Burlington
	City of Camden	Camden
	Camden County	Camden
	Cape May County	Cape May
	Essex County Health Department	Essex
	City of Woodbury	Gloucester
	Town of Secaucus	Hudson
	Hudson County	Hudson
	Hunterdon County Educational Services Commission	Hunterdon
	Mercer County CEHA	Mercer
	Mercer County Div of Public Health	Mercer
	Mercer County Dept of Human Services	Mercer
	Mercer County Office of Administration	Mercer
	NJDHSS	Mercer
	NJ Div of Youth & Family Services	Mercer
	Middlesex County Public Health Department	Middlesex
	Middletown Community Development Program	Monmouth
	Monmouth County DOT	Monmouth
	Randolph Twp	Morris
	Dover Twp	Morris
	Pequannock Twp	Morris
	Parsippany-Troy Hills	Morris
	Roxbury Twp	Morris
	Denville Twp	Morris
	County of Morris	Morris
	Rockaway Twp	Morris

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

	Florham Park Borough	Morris
	Mount Olive Twp	Morris
	Montville Twp	Morris
	Town of Morristown	Morris
	East Hanover Twp	Morris
	Washington Two	Morris
	Division of Youth & Family Services	Ocean
	Ocean County Dept of Human Services	Ocean
	Twp of Lakewood	Ocean
	Ocean County Dept of Planning	Ocean
	City of Paterson	Paterson
	City of Paterson City Council	Paterson
	Paterson Housing Authority	Paterson
	City of Paterson BOE	Paterson
	Union County Office of the County Manager	Union
	Union County Office of Economic Dev	Union
	Union County DOE	Union
	Somerset County Business Partnership	Somerset
	Somerset County School Nurse Association	Somerset
	Somerset County Dept of Human Services	Somerset
	Mayor's Wellness Campaign	Somerset
	Sussex County Health Dept.	Sussex
	Vernon Twp Health Dept	Sussex
	Hopatcong Health Dept	Sussex
	Warren County Planning Dept	Warren
	Warren County Public Safety	Warren
	Warren County Office on Aging	Warren
	Phillipsburg Housing Authority	Warren
	Warren County DYFS	Warren
Hospitals/Medical Care	Shore Memorial Hospital	Atlantic
	South Jersey Family Medical Centers	Atlantic
	Bayada Nurses	Atlantic
	AtlanticCare Regional Medical Center	Atlantic
	Children's Hospital of Philadelphia	Atlantic
	Care One	Bergen

	Municipal Nurses Association	Bergen
	Bergen Volunteer Medical Initiative	Bergen
	Comprehensive Behavioral Healthcare, Inc.	Bergen
	The Valley Hospital	Bergen
	Englewood Hospital & Medical Center	Bergen
	Bergen County Regional Medical Center	Bergen
	Hackensack University Medical Center	Bergen
	Holy Name Hospital	Bergen
	Deborah Heart & Lung Center	Burlington
	Fox Chase Virtua Health Center	Burlington
	Lourdes Medical Center	Burlington
	McGuire AFB Medical Group	Burlington
	Moorestown VNA	Burlington
	Providence House	Burlington
	Virtua Home Care/Nursing	Burlington
	Perinatal Cooperatives	Burlington
	South Jersey Family Medical Center	Burlington
	Cooper University Hospital	Camden
	Camden Area Health Education Ctr	Camden
	Kennedy Health System	Camden
	Our Lady of Lourdes Health System	Camden
	Camden Eye Center	Camden
	Camden County Health Services Center	Camden
	Healthy Mothers/Healthy Babies	Camden
	TheraCare	Camden
	Moorestown Visiting Nurses Association	Camden
	Planned Parenthood of Southern NJ	Camden
	Virtua Hospital	Camden
	South Jersey Perinatal Cooperative	Camden
	Cape May Regional Medical Center	Cape May
	Bayada Nurses	Cape May
	Cape May Dental Health Center	Cape May
Hospitals/ Medical Care Providers	Cape Community Health Center	Cape May
	Compassionate Care Hospice	Cape May
	Ocean City Medical Center	Cape May

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

	South Jersey Health Care	Cumberland
	Memorial Hospital	Cumberland
	Famcare Inc	Gloucester
	Underwood Memorial Hospital	Gloucester
	Virtua Hospital	Gloucester
	Jersey City Medical Center	Hudson
	Horizon Health Center	Hudson
	Visiting Homemaker Services	Hudson
	Hoboken Family Planning, Inc	Hudson
	Christ Hospital	Hudson
	Hunterdon Healthcare System	Hunterdon
	Hunterdon Pediatrics Associates	Hunterdon
	Delaware Valley Family Health Center	Hunterdon
	Hunterdon Medical Center	Hunterdon
	Capital Health System	Mercer
	Central NJ Maternal/Child Health Consortium	Mercer
	Horizon NJ Health	Mercer
	NJ Hospital Association	Mercer
	Raritan Bay Medical Center	Middlesex
	Bayshore Medical Hospital	Monmouth
	CentraState Health Systems	Monmouth
	Planned Parenthood of Central NJ	Monmouth
	St. Clare's Hospital	Morris
	Atlantic Health	Morris
	Chilton Hospital	Morris
	First Call for Help	Morris
	Americhoice	Newark
	Amerigroup	Newark
	Connie Dwyer Breast Center	Newark
	Focus Community Health Center	Newark
	Health Mothers/Healthy Babies	Newark
	Newark Community Health Center	Newark
	Saint Michael's Medical Center	Newark
	Newark Beth Israel Medical Center	Newark
	Interfaith Hospital	Ocean

	Barnegat Rehab/Nursing	Ocean
	Community Medical Center	Ocean
	Kimball Medical Center	Ocean
	Meridian Health	Ocean
	Ocean Health Initiatives	Ocean
	Preferred Behavioral Health	Ocean
	Southern Ocean County Hospital	Ocean
	St. Francis Center	Ocean
	Saint Mary's Hospital	Passaic
	Saint Joseph's Medical Center	Passaic
	St. Joseph Hospital	Paterson
	Paterson Community Health Center	Paterson
	Home Care Options	Paterson
	Barnert Hospital	Paterson
	Somerset Medical Center	Somerset
	St. Peter's University Hospital	Somerset
	St. Barnabas Health Care System	Union
	Trinitas Hospital	Union
	Union Hospital	Union
	Newton Memorial Hospital	Sussex
	Hackettstown Regional Medical Center	Warren
	Warren Hospital	Warren
Insurance Companies/Financial	Horizon NJ Health	Atlantic
	Amerigroup	Bergen
	Care Plus NJ, Inc.	Bergen
	Blue Cross/Blue Shield	Bergen
	Camcare Health Corp	Camden
	Horizon Blue Cross/Blue Shield	Cape May
	AmeriChoice	Hunterdon
	Meridian Health	Monmouth
	Blue Cross/Blue Shield	Newark
	Horizon	Newark
	Prudential	Newark
	Fleet Insurance Company	Union
Local Boards of Health	Atlantic County Health Dept	Atlantic

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

	Paramus	Bergen
	Cinnaminson	Burlington
	Burlington County	Burlington
	Burlington City	Burlington
	Winslow Twp	Camden
	Essex County Health Dept	Essex
	Harrison Twp	Gloucester
	Woolwich Twp	Gloucester
	Glassboro	Gloucester
	Readington Twp	Hunterdon
	Clinton Twp	Hunterdon
	City of Trenton	Mercer
	Ewing Twp Health Dept	Mercer
	Hightstown Twp	Mercer
	Hopewell Twp	Mercer
	Princeton Regional Health Commission	Mercer
	West Windsor Twp Health Department	Mercer
	Washington Twp Health Dept	Mercer
	Lawrence Twp Health Dept	Mercer
	Middlesex County Public Health Dept.	Middlesex
	Butler Borough	Morris
	Chester Borough/Mendham	Morris
	County of Morris	Morris
	Madison Borough	Morris
	Rockaway Borough	Morris
	Ocean County Health Dept	Ocean
	Long Beach Island Health Dept	Ocean
	City of Passaic	Passaic
	Passaic County Dept of Health	Passaic
	City of Clifton	Passaic
	City of Paterson	Passaic
	Twp of Wayne	Passaic
	County of Passaic	Passaic
	Borough of Ringwood	Passaic
	Twp of West Milford	Passaic

	Bloomington HD	Passaic
	Haledon HD	Passaic
	Hawthorne HD	Passaic
	Wanaque HD	Passaic
	Totowa HD	Passaic
	Prospect Park	Passaic
	Pompton Lakes	Passaic
	Washington Twp	Morris
	Bernards Twp	Somerset
	Branchburg Twp	Somerset
	Bridgewater Twp	Somerset
	Franklin Twp	Somerset
	Hillsborough Twp	Somerset
	Middle-Brook RHC	Somerset
	Montgomery Twp	Somerset
	Somerville	Somerset
	So. Brunswick	Somerset
Mental Health Agencies	Mental Health Association	Atlantic
	Alzheimer's Association	Atlantic
	The ARC of Atlantic County	Atlantic
	Bergen County. Dept. of Human Services	Bergen
	Bergen County. Municipal Nurses Association	Bergen
	Bergen County. Police Department	Bergen
	Mental Health Association in SW NJ	Camden
	South Jersey Behavioral Health Resources	Camden
	Mercer County Div of Mental Health	Mercer
	Middlesex County Dept. of Human Services	Middlesex
Military	American Legion Auxiliary	Atlantic
	Disabled American Vets	Atlantic
Nursing Homes	Samaritan Hospice	Camden
Nutrition-related Organizations	Realtime Nutrition, Inc.	Bergen
Office Emergency Management	Virtua Health Emergency Mgmt	Burlington
	Burlington County OEM	Burlington
	Mt. Laurel OEM	Burlington
	Ocean County EMS	Ocean

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

	Manchester OEM	Ocean
	City of Paterson OEM	Paterson
	Newark Office of Emergency Services	Newark
Seniors Organizations	Atlantic County Intergenerational Services	Atlantic
	Beron Jewish Older Adult Services	Atlantic
	NJ AARP	Bergen
	Camden City Office on Aging	Camden
	AARP of Ocean City	Cape May
	Cape May Dept of Aging	Cape May
	Ocean County Senior Advisory Council	Ocean
	Ocean County Office of Senior Services	Ocean
	Passaic County Div of Senior Services	Passaic
	Division of Senior Services	Sussex
Social Service Organizations	CARING Inc.	Atlantic
	Atlantic County Family & Community Development	Atlantic
	Camden County Board of Social Services	Camden
	Volunteers of America	Camden
	Salvation Army	Camden
	Catholic Charities	Cape May
	Cape May Board of Social Services	Cape May
	Mercer County Board of Social Services	Mercer
	Monmouth County Div. of Social Services	Monmouth
	Salvation Army	Monmouth
	Visiting Nurses of Central Jersey	Monmouth
	ASPIRA of NJ	Newark
	Catholic Health & Human Services	Newark
	Integrity House	Newark
	Ocean County Board of Social Services	Ocean
	Division of Social Services	Sussex
	Warren County Social Services	Warren
Substance Abuse	Center for Alcohol & Drug Resources, Inc.	Bergen
	Partnership for Community Health, Inc.	Bergen
	Bergen County. Office of Multicultural Comm. Affairs	Bergen
	Palisades Learning Center	Bergen

	Camden County Council on Alcohol & Drug Abuse	Camden
	Mercer County Office on Addiction Services	Mercer
	NCADD	Middlesex
	Monmouth County Alcohol & Drug Abuse	Monmouth
	ADACO	Ocean
	Passaic County Council on alcoholism & Drug Abuse	Passaic
	United Way of Greater Union County	Union
Women/Men Health Center/Associations	Atlantic County Women's Shelter	Atlantic
	National Coalition of 100 Black Women	Bergen
	Ridgeway YMCA	Bergen
	Camden County Women Center	Camden
	Cooper House Women's Recovery Program	Camden
	YMCA of Camden County	Camden
	Hunterdon County YMCA	Hunterdon
	YMCA	Ocean
	Paterson YMCA	Paterson
	Women's Health & Counseling Center	Somerset
Youth Organizations	Girl Scout Council of Bergen	Bergen
	Bergen County Youth Services Commission	Bergen
	Camden County Youth Services	Camden
	Caring For Kids	Cape May
	Girls Scouts of Essex & Hudson	Hudson
	Mercer Street Friends	Mercer
	PEI Kids	Mercer
	Monmouth County Head Start	Monmouth
	Monmouth County Youth Services Planning	Monmouth
	International Youth Organization	Monmouth
	Big Brother/Big Sister	Ocean
	Paterson Youth Services	Paterson
	Big Brothers/Big Sisters	Warren
	Joseph Firth Youth Center	Warren

APPENDIX C

THE MAPP PROCESS

(From the website: <http://mapp.naccho.org/FullTextIntroduction.asp> APPENDIX E)

What is MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is:

*"Communities achieving improved health and quality of life
by mobilizing partnerships and taking strategic action."*

Benefits of Undertaking MAPP

Below are just some of the benefits to be derived from the MAPP process.

- **Create a healthy community and a better quality of life.** The ultimate goal of MAPP is optimal community health — a community where residents are healthy, safe, and have a high quality of life. Here, a "healthy community" goes beyond physical health alone. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity."¹ The Institute of Medicine echoes this definition and notes that, "health is...a positive concept emphasizing social and personal resources as well as physical capabilities."²
- **Increase the visibility of public health within the community.** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.
- **Anticipate and manage change.** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- **Create a stronger public health infrastructure.** The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.
- **Engage the community and create community ownership for public health issues.** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their

quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems. Community participation in the MAPP process may augment community involvement in other initiatives and / or have long-lasting effects on creating a stronger community spirit.



The following seven principles are integral to the successful implementation of MAPP:

- *Systems thinking* — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
- *Dialogue* — to ensure respect for diverse voices and perspectives during the collaborative process.
- *Shared vision* — to form the foundation for building a healthy future.
- *Data* — to inform each step of the process.
- *Partnerships and collaboration* — to optimize performance through shared resources and responsibility.
- *Strategic thinking* — to foster a proactive response to the issues and opportunities facing the system.
- *Celebration of successes* — to ensure that contributions are recognized and to sustain excitement for the process.

APPENDIX D

NJ MAPP PARTICIPANTS AND CONTRIBUTORS

From 2004 until 2008, numerous individuals and agencies helped to prepare for improvement of the public health system through information shared and a willingness to lend technical assistance to the preparers of the MAPP project. The following persons contributed to the successful development of the Community Health Improvement Plans, and their contribution is gratefully acknowledged.

Sara Zeigler and Liza Corso, Centers for Disease Control and Prevention, Scott Fischer and Abby Long, National Association of City and County Health Officials, began the MAPP process in New Jersey through their appearance at the Middlesex Fire Academy, and were accompanied by guest speakers from around the country who had completed MAPP; namely, Mike Smeltzer, Becky Rayman, and Rosemary Bakes-Martin. It was an intense presentation, offered on two consecutive days for the two regions of the State, the North and the South. The two conferences were held on March 22 and 23 of 2004.

In August of 2004, Katherine Hempstead, the Director of the New Jersey Center for Health Statistics and the assigned staff member from her office, Colette Lamothe-Galette, arranged with the Centers for Disease Control and Prevention, Office of Health Statistics, to present a statistical workshop for non-statisticians in order to offer the MAPP county coordinators the knowledge needed to complete Phase 3 of MAPP, the Assessments Phase.

Following the two conferences that kicked-off MAPP at the State level, a series of monthly meetings were held with the Public Health Practice Standards Partnership Coordinators who had been hired by the twenty-two LINCS (Local Information Network and Communications System) programs to support MAPP activities at the county level. A number of individuals appeared as Guest Speakers at the monthly Partnership Coordinators meetings to offer technical assistance as well as identify opportunities for leveraging existing resources.

2004

August 2004-Collen McKay Wharton, State Health Planner, Somerset County
October 2004-Peg Knight, M.Ed., NJDHSS Office of Cancer Control & Prevention

2005

January 2005-Joseph Aiello, Program Manager for Office of Public Health Infrastructure

April 2005-Kenneth O'Dowd, PhD, Center for Health Statistics; Dr. Jo-Bea Sciarrotta, Office of Public Health Infrastructure

June 2005-Robert Schermer, Strategic Innovation Management, LLC, Morris County

December 2005 – Joseph Kolakowski, Program Manager, Emergency Planning & Operations

2006

February 2006 – Thomas Slater, Risk Communications Manager, Office of the Commissioner
Laura Taylor, Infectious & Zoonotic Disease Program-BT Unit
Laurie Pyrch, LINCS Coordinator, NJDHSS

New Jersey City/County Community Health Improvement Plans: 2006 – 2008

April 2006 –Julia Joh Elligers, MPH, National Association of County and City Health Officials
Marcia Sass, Sc.D., UMDNJ School of Public Health
Elizabeth Solan, Coordinator, NJDHSS Diabetes Prevention & Control

October 2006 – Ann McDonald, Mayor's Wellness Campaign

December 2006 – Peg Knight, M.Ed., NJDHSS Office of Cancer Control & Prevention;
Susan Sanna, RN, BSN, CTR.
Charles DeVeau, Division of Addiction Services, DHS

2007

February 2007-Linda Nasta, NJDHSS Office of Communications
Laura Taylor, Research Scientist 1, NJDHSS Communicable Disease Service
Leslie Morris, MPH, MSW, LCSW, Director of Community Relations
NJ Primary Care Association, Inc.

April 2007-Mary Ann Ellsworth, Fruit & Vegetable Coordinator, NJDHSS

June 2007- Sharese Porter, MPH, Senior Program Coordinator, Rutgers Cooperative Research & Extension, Childhood Obesity Report
Thomas E. Shaw, Director of Mercer County's Office on Disabilities
Emergency Preparedness: People w/ Disabilities

October 2007 - Kevin Sullivan, Supervising State Alliance Coordinator, Governor's Council on Alcoholism and Drug Abuse, Treasury Dept, Executive Administration Division Municipal Alliance Program

December 2007 – Mary-Frances Dougherty, MS CHES, Practice Standards Administrator, Bergen County Department of Health Services

2008

February 2008 - Robert Schermer, Executive Director, Morris Regional Public Health Partnership
Jose A. Cruz, MSW, University of Medicine & Dentistry of New Jersey, School of Public Health Clinician, Tobacco Dependence Program, Coordinator for Proyecto Vida, Coordinator for Middlesex Partners against Tobacco

May 2008 - Susan Lachenmayr, MPH, CHES, Department of Health and Senior Services, Division of Aging and Community Services, Office of Community Education and Wellness Services – "Chronic Disease Self Management"

September, 2008 - Maryann Ellsworth, Department of Health and Senior Services, Division of Family Services - "Office of Nutrition and Fitness Overview"

Steven Board - Senior Project Manager – Isles, Environment & Community Health, - "Trenton Spirit Walk"

November, 2008 - William R. Healey, Executive Vice President, HealthCare Institute of New Jersey - "Partnership to Fight Chronic Disease"

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